

Name: _____

Date: _____

COVID

O W K R M V A C C I N A T E S B X
W N I S F U O C G N E S C P Y S Z
A E B M A I V N K S E O E S M A Z
U G X P C M I H I V L C H I P V A
G Y X W U H E T V X T I C I T T V
Z X W D G A I C A Q M A L T O O O
S O R U I N M S A P R L E K M V X
I L O B A V H X Y F E D A E S O Y
S C N S S Y O I F S O I N E X O B
O D X G C J F C O X E S L V U X J
N D G I R T I N N E L T I K Z W D
G Y J R E T Y L G F F A N E D P H
A S D N E N D R S S E N E R A W A
I E G H N R M L V N D C S E K L G
D C I U I X C M D V O E S L Z X G
T B R D N F R E T E M O M R E H T
E G H N G E R U T A R E P M E T P

Socialdistance
Cleanliness
Diagnosis
Symptoms
Facemask

Thermometer
Awareness
Runnynose
Sanitise
Oxygen

Temperature
Screening
Vaccinate
Coughing
Covid