

Name: _____

Date: _____

Corona

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

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