

Name: \_\_\_\_\_

Date: \_\_\_\_\_

# Disabilities

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

discrimination

impairment

amputation

Disability

physical

Disorder

health

mental

Blind

Deaf