

Name: _____

Date: _____

Diseases

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

| | | | |
|--------------|-------------|-----------|----------|
| tuberculosis | coronavirus | influenza | ringworm |
| syphilis | smallpox | tetanus | cholera |
| rubella | measles | cancer | ebola |
| polio | mumps | hiv | |