

Name: _____

Date: _____

Flu

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

Sore Throat	Stuffy Nose	Wash Hands	Influenza
Sneezing	Headache	Fatigue	Tissues
Vaccine	Fluids	Chills	Aches
Cough	Fever	Germs	