

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Period: \_\_\_\_\_

# Food Borne Illnesses

1. AAELSOLLNM \_\_\_\_\_
2. INFENAZUL \_\_\_\_\_
3. HARAIDRE \_\_\_\_\_
4. PODMIITESIOGLE \_\_\_\_\_
5. SCRIUEANN \_\_\_\_\_
6. ASITIRLE \_\_\_\_\_
7. OXSNTI \_\_\_\_\_
8. IESLNLS \_\_\_\_\_
9. SRSCO TCIMAENTNOA \_\_\_\_\_
10. ECMILACH ADHRZA \_\_\_\_\_
11. TEEUEMRTRPA ERGNDA ENOZ \_\_\_\_\_
12. THEBODS \_\_\_\_\_