

Name: _____

Date: _____

Gonorrhea

1. RAACLBTEI _____

2. MOALNIADB PIAN _____

3. NPAFULI EPE _____

4. ITGNCIH _____

5. ANPLUIF EXS _____

6. LGNWIESL _____

7. RXECIV _____

8. TEURHR _____

9. RCMTUE _____

10. HLAAMDCIY _____

11. CNETRPOTDUE XSE _____