Name: _____ Date: _____

HEALTH SERVICES

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

RECEPTIONIST
PRESCRIPTION
VACCINATION
SPECTACLES
AMBULANCE
OPTICIAN
HOSPITAL
SURGERY
DENTIST
HEALTH
DOCTOR
NURSE