

Name: _____

Date: _____

Health

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

handkerchief

waitingroom

examination

vaccination

sorethroat

exercise

checkup

measles

doctor

sneeze

nurse

chart

fever

cough

xray

rash

flu