

Name: _____

Date: _____

Health & Illnesses

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

blood pressure

constipation

insurance

infection

medicine

diarrhea

vaccine

illness

dentist

cramps

Nausea

doctor

itchy

dizzy

xray

scan

rash

flu

