

Name: _____

Date: _____

Health Practitioners

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

physiotherapist
phlebotomist
sonographer
audiologist
cytologist

radiotherapist
cardiologist
optometrist
podiatrist
therapist

haematologist
radiographer
radiologist
pharmacist