Name: _____

Health Problems

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

Sore Throat
Stomachache
stuffy nose
Broken leg
Toothache
Headache
Earache
Problem
Sunburn
Bruise
Health
Cough
Cramp
Fever
Cold
Cut