

Name: _____ Date: _____ Period: _____

Health Professionals

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

ANESTHESIOLOGIST

OTOLARYNGOLOGIST

OPHTHALMOLOGIST

HEALTH TEACHER

DERMATOLOGIST

SOCIAL WORKER

CARDIOLOGIST

HEMATOLOGIST

COUNSELORS

DIETITIANS

ONCOLOGIST

ALLERGIST

UROLOGIST

DOCTORS