Name: _____ Date: _____

Heart Attack | CVA | High Blood Pressure

1. TEARH AKTTCA _____
2. KSOETR _____
3. HHIG DOOLB SESRERPU _____
4. TERHA _____
5. OLDOB LTTOCNIG _____
6. HAETR AAEDMG _____
7. REARTY WLASL _____
8. AMYDIRCAOL IRNAICFNTO _____
9. VCA _____
10. EYTINSEORPHN _____