

Name: _____ Date: _____

Hepatitis

1. RCUE _____
2. VCNEICA _____
3. IIORSHCRS _____
4. VELRI _____
5. YATSRR SYK _____
6. NRLNSATPAT _____
7. ARLUSTOUDN _____
8. MMIATFLNNAIO _____
9. IUSVR _____
10. AHEITIPST _____