

Name: _____

Date: _____

Hospital

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

Microscope
Operation
Family
Skin

Ambulance
Healthy
Fever

Emergency
Exhale
Bone