Name: _____ Date: _____

ILLNESSES

1. EACAHRE _____
2. OHUCG _____
3. CODL _____
4. SUIEBR _____
5. EOHAHOTTC _____
6. IENCHCK OXP _____
7. DHEECAAH _____
8. OTSMAHC EAHC _____
9. NRKOBE MRA _____
10. RITESBL _____
11. BNUR _____
12. KECHBACA _____
13. ESRO THORTA _____
14. EVFRE _____
15. SREO YESE _____