Name: _____ Date: _____

I feel ill.

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

receptionist
medicine
symptom
tablet
fluid

prescription
patient
capsule
cough
ache

temperature
plaster
chemist
syrup
dose

scissors
bandage
lotion
label
GP