

Name: _____

Date: _____

Illnesses

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

EARINFECTION

sorethroat

toothache

COUGH

stomachache

brokenarm

headache

COLD

TEMPERATURE

runnynose

earache

FLU