

Name: _____ Date: _____

Illnesses

1. OATEOTHCH _____
2. HSCOTMA _____
3. KCAB _____
4. OHCGU _____
5. ATCEHHTOO _____
6. AEDH _____
7. HCTEAHM-AOSC _____
8. TOHTO _____
9. CAEHAER _____
10. CODL _____
11. KEBAACCH _____
12. ARE _____
13. METRPEARUTE _____
14. AER _____