

Name: _____

Date: _____

Influenza

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

Sore Throat	Stuffy Nose	Wash Hands	Influenza
Headache	Sneezing	Fatigue	Tissues
Vaccine	Chills	Fluids	Aches
Cough	Fever	Germs	