

Name: _____

Date: _____

Medical Professions

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

Athletic Trainer

Psychiatrist

Pediatrician

Radiologist

Optometrist

Pharmacist

Dietician

Therapist

Surgeon

Midwife

Dentist

Nurse