

Name: _____

Pandemic

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

| | | | |
|------------------|-----------------|---------------|--------------|
| shelter in place | social distance | washing hands | Corona Virus |
| paper towel | medication | quarantine | contagious |
| sanitizer | treatment | lockdown | symptoms |
| fever | cough | clean | mask |