

Name: _____ Date: _____

Personal Health Responsibility

1. ERATPRMEU SETDHA _____
2. NUMCEORS IDNREV THHLAE SPALN _____
3. LAEHHT LCIOYP _____
4. ETATINP DRNCETEE OCEMUOTS _____
5. ISIOYBTLSNRIEP _____
6. ENLEWSLS _____
7. ORBELAFFDA REAC ACT _____
8. NENIPOERTV _____
9. APHCSYLI ITITCAVY _____
10. LHHTEA AVNSISG CTOANCU _____
11. SNOQECNEUESC _____
12. AEIECDMR _____
13. AIARMPDG FTIHS _____
14. RUNISGN ICTACPRE _____
15. LCEFONRE LETANHINGIG _____