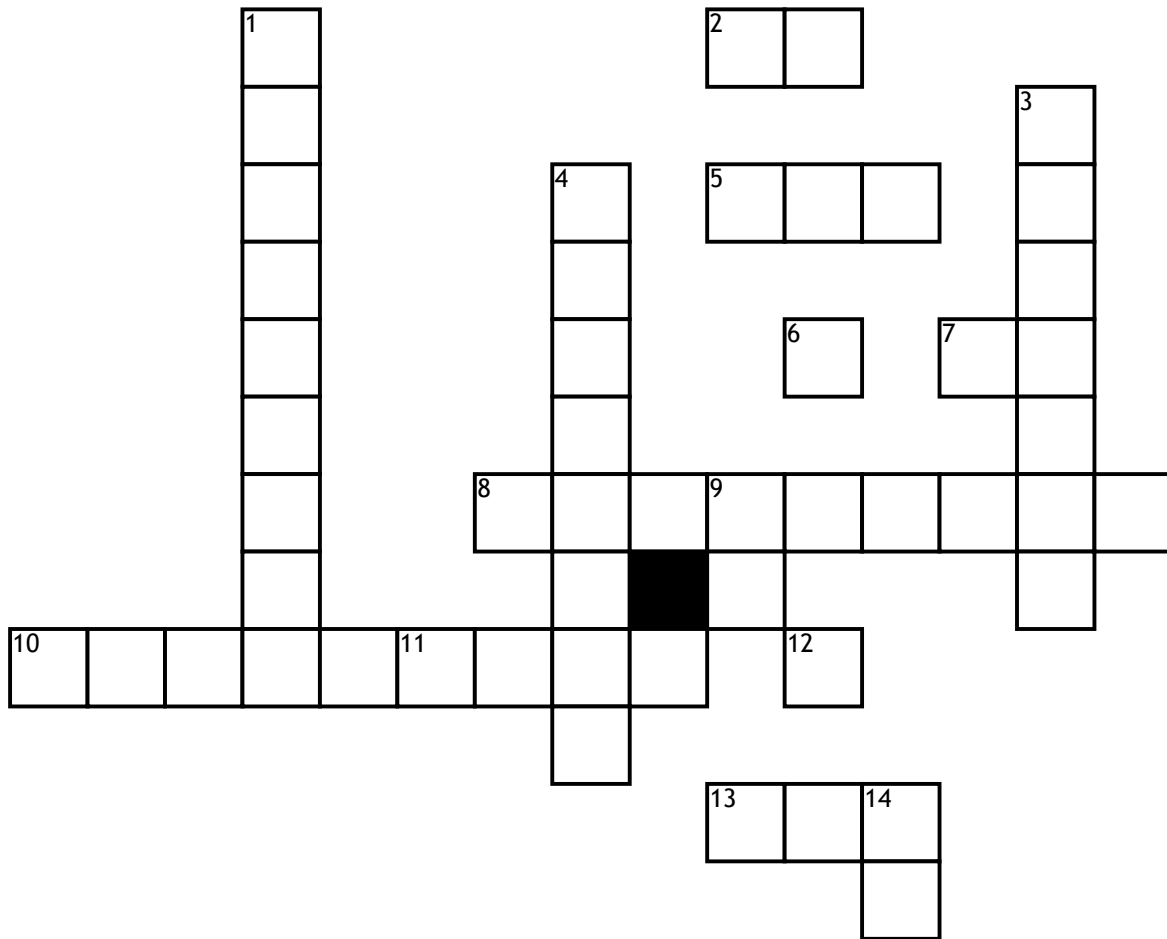


Name: _____

Date: _____

Terms



Across

- 2. Bowel movement
- 5. hit by car
- 6. Diarrhea
- 7. polyuria
- 8. Tired or inactive

10. blood in urine

- 12. vomiting
- 13. vomiting and diarrhea

Down

1. Increased in thirst

3. Difficulty with urination

- 4. Not eating or decreased appetite
- 9. History
- 11. urine
- 14. disease