

Name: _____

Date: _____

Tuberculosis

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

Latent TB infection

Mantoux skin test

Extrapulmonary

Mycobacterium

Sputum smear

Air droplets

Resistant TB

Chest X-ray

Hemoptysis

Lungs