

Name: _____

Date: _____

Disease

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

antibiotics

tick bite

headache

vomiting

abdomen

doctor

joints

chills

itchy

Fever

palm

rash

tick

pain

Sick