

Name: _____

Date: _____

injury

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

unconsciousness

head injury

dizziness

ambulance

bleeding

bruising

scalds

shock

faint

cuts

burn