Name: _____ Date: _____

Signs of Sickness

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

fever not eating runny nose runny eyes cough diarrhea