

Name: _____

Date: _____

COVID-19

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

Temperature

Coronavirus

Distancing

Quarantine

Pandemic

Sanitize

Water

Cough

COVID

Sick

Soap

Mask