

Name: _____

Date: _____

COVID

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

Social Distancing
Home School
Vaccines
Remote
Mute

Toilet Paper
Sanitizer
Dr Fauci
Wipes
ZOOM

Corona Virus
Lockdown
Six Feet
Masks
PPE