

Name: _____

Date: _____

Covid Safety

N V D I V O C D B Y R P A B U B M	ventilation
Z H E Z G E Z Q E E Y J F B V D A	quarantine
X I E N N N D V Y D J H H S A W S	distancing
Q C Q A T V L Q C S W Q P B M O K	sanitizer
J U S V L I Z E F L Z O O O E O X	outbreak
K H A U C N L O E X O O R Z N B D	curbside
F A F D H I W A X H S S R C I Q E	pandemic
O D E C I E M I T T Y W E T C U H	crowded
J N I R R I E E E I M U T D C A E	isolate
I J F S B C S R D L O H A J A R S	booster
G N I Q T T U O F N I N W W V A O	vaccine
O R S A X A U R L G A J J P L N L	closed
A I I Z Y C N O B A L P D A F T C	water
E M O X O X U C S S T M I O R I F	close
G T U F U F A G I U I E H S N N D	covid
L O V N U O R H V N Q D N L I E B	soap
H S A N I T I Z E R G Y E Q O O U	wash
	safe
	mask