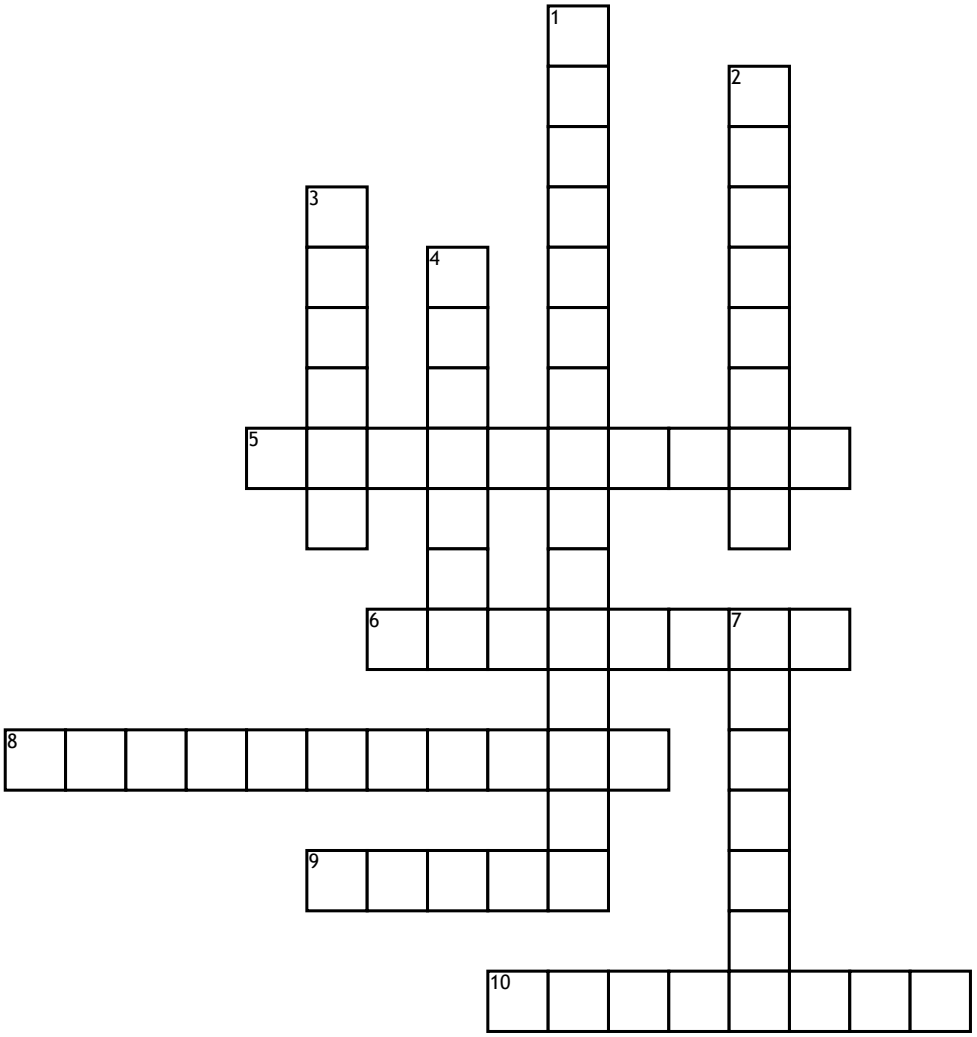
Name: _____ Date: _____

Disease and vaccination



Across

5. J
6. G
8. D
9. E
10. B

Down

1. H
2. A
3. F
4. I
7. C