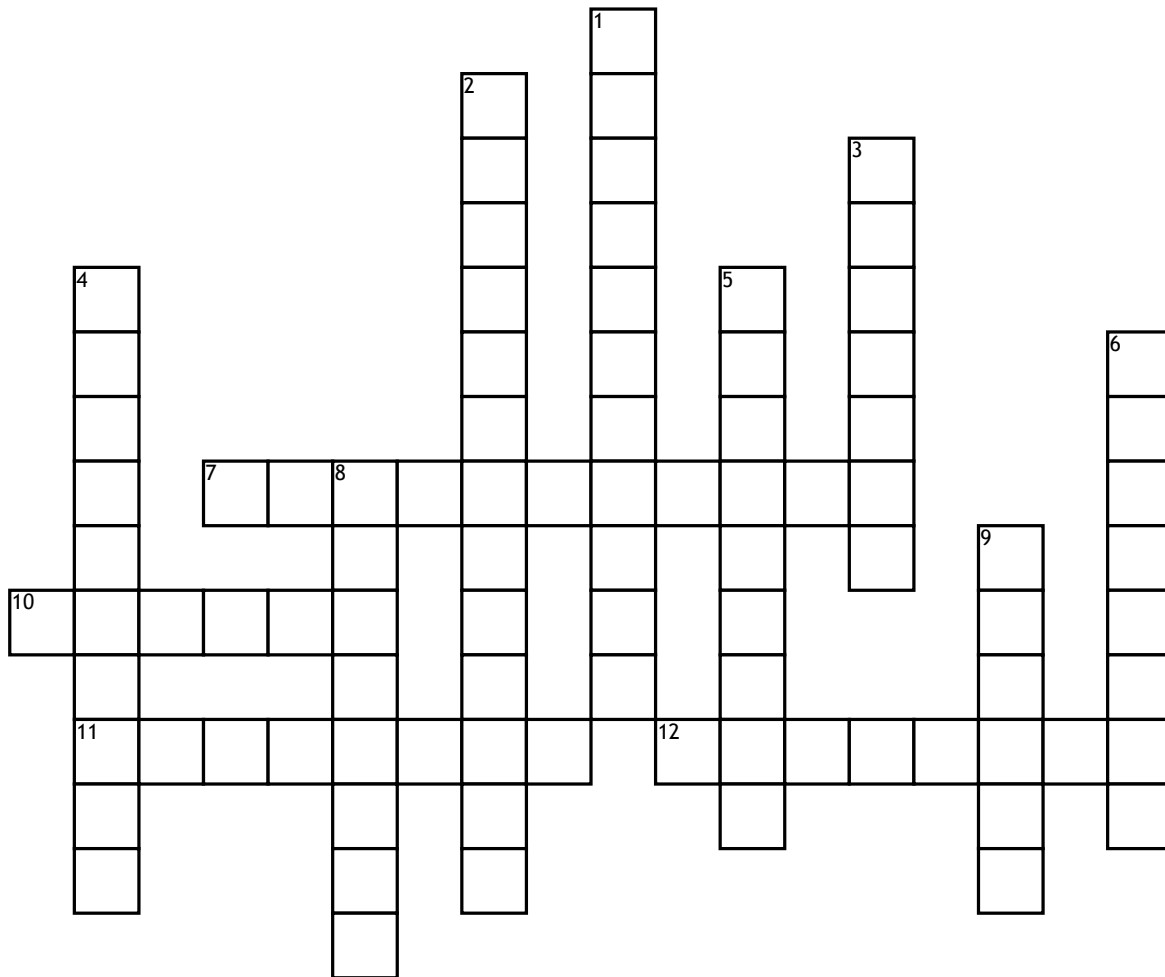


Name: _____

Date: _____

Illnesses and injuries



Across

- 7.** the meeting you have with your doctor
- 10.** feeling sick to your stomach
- 11.** when you cannot sleep
- 12.** a pain in your head

Down

- 1.** this is high when you have a fever
- 2.** sickness after eating something
- 3.** being overweight
- 4.** what you take to make you feel better

- 5.** having a reaction to something, making you ill
- 6.** allergies from grass or flower pollen
- 8.** where you pick up medication
- 9.** a disease that can affect different parts of the body