

Name: _____

Date: _____

COVID-19

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

SOCIAL BUBBLES

QUARENTINE

STAY SAFE

LOCKDOWN

PANDEMIC

GLOBAL

CORONA

PANIC

VIRUS

COUGH

SICK

MASK