

NAME: _____ DATE: _____

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

ALLERGIST
ALLERGY
ASTHMA
DANDER
INHALERS
MEDICATIONS
MOLD POLLENS
SNEEZE
WHEEZE