

NAME: _____ DATE: _____

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

ALLERGIST
ALLERGY
ASTHMA
DANDER
INHALERS
MEDICATIONS

MOLD
POLLENS
SNEEZE
WHEEZE