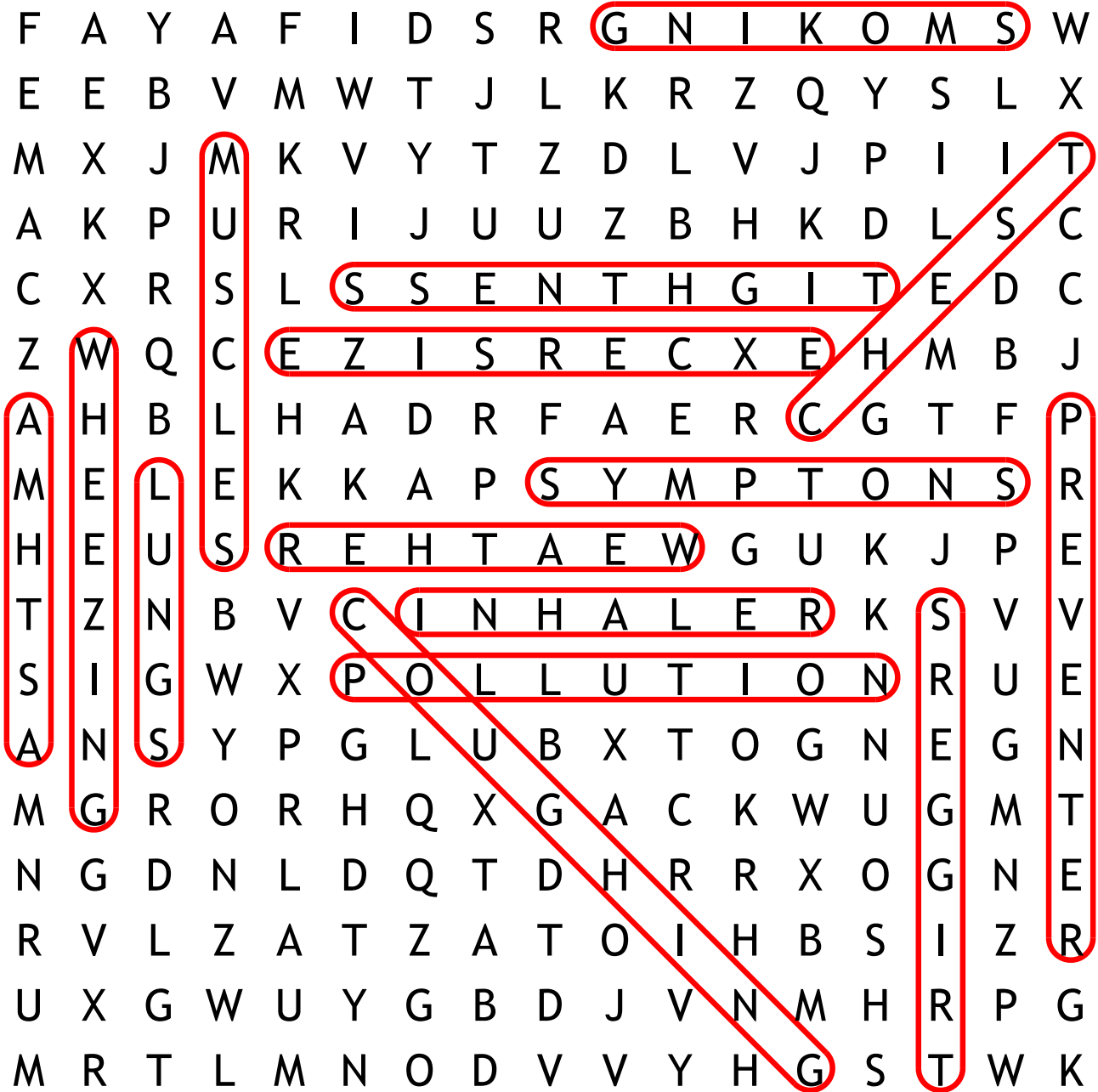


Name: _____

Date: _____

ASTHMA



EXCERSIZE POLLUTION TIGHTNESS PREVENTER
SYMPTONS COUGHING TRIGGERS WHEEZING
WEATHER SMOKING MUSCLES INHALER
ASTHMA LUNGS CHEST