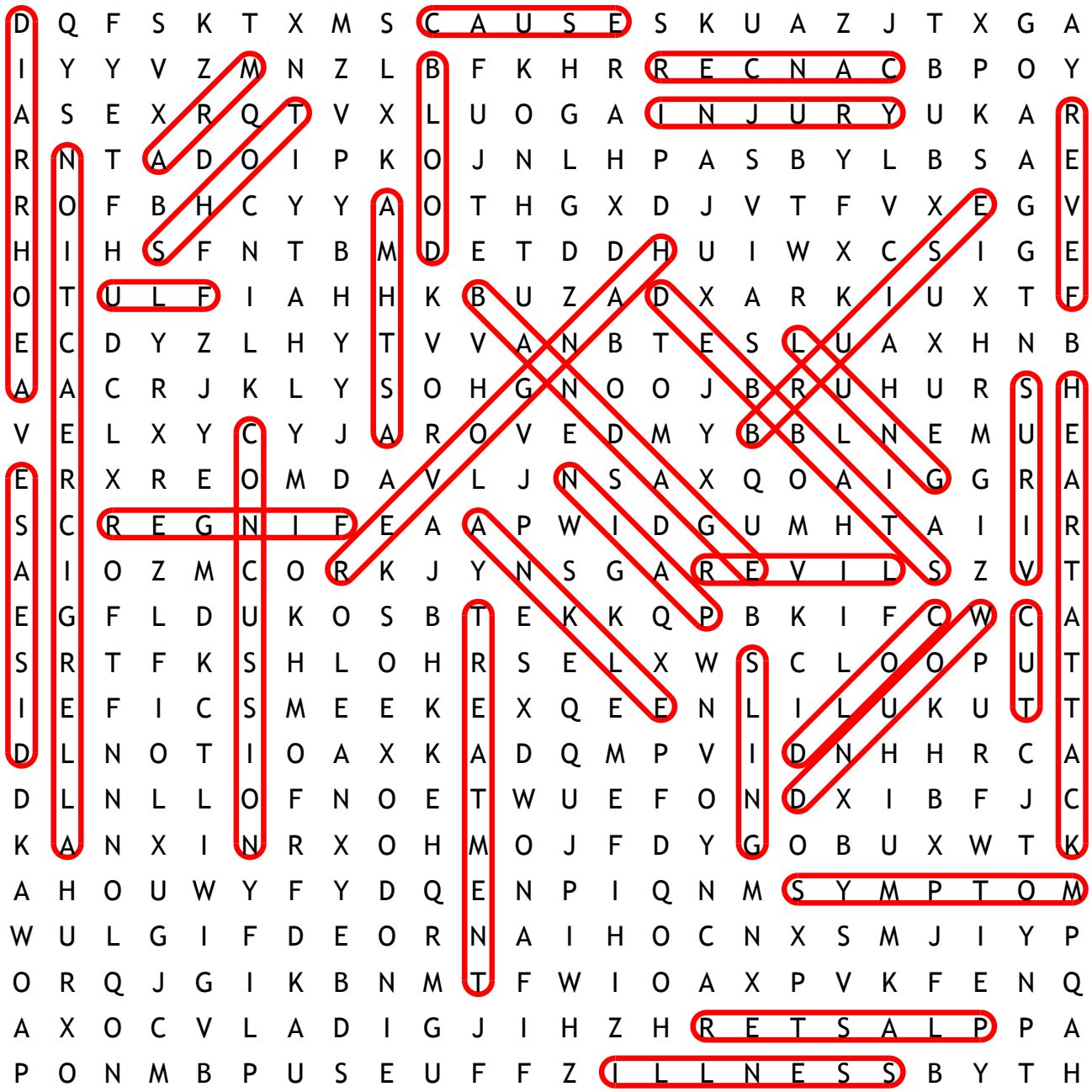
Name: _____ Date: _____ Period: _____

Health



allergic reaction
hangover
stabbed
finger
fever
cold
cut
heart attack
bandage
symptom
injury
liver
lung
flu
concussion
disease
asthma
ankle
sling
pain
diarrhoea
illness
bruise
blood
virus
shot
treatment
plaster
cancer
cause
wound
arm