Name: _____ Date: _____

Hand Washing

B G F G K C G H B J

A S H V H L H W H Z

T I O D L E Y A Y T

H N H R W A G X M U

R K E I A N I T V T

O I A N T G E R M S

O D L S E Q N V V D

M V T E R Y E U P A

P Z H E S O A P M E

G S M S C R U B P F

BATHROOM
CLEAN
SCRUB
SOAP
HYGIENE
GERMS
WATER
HEALTH
RINSE
SINK