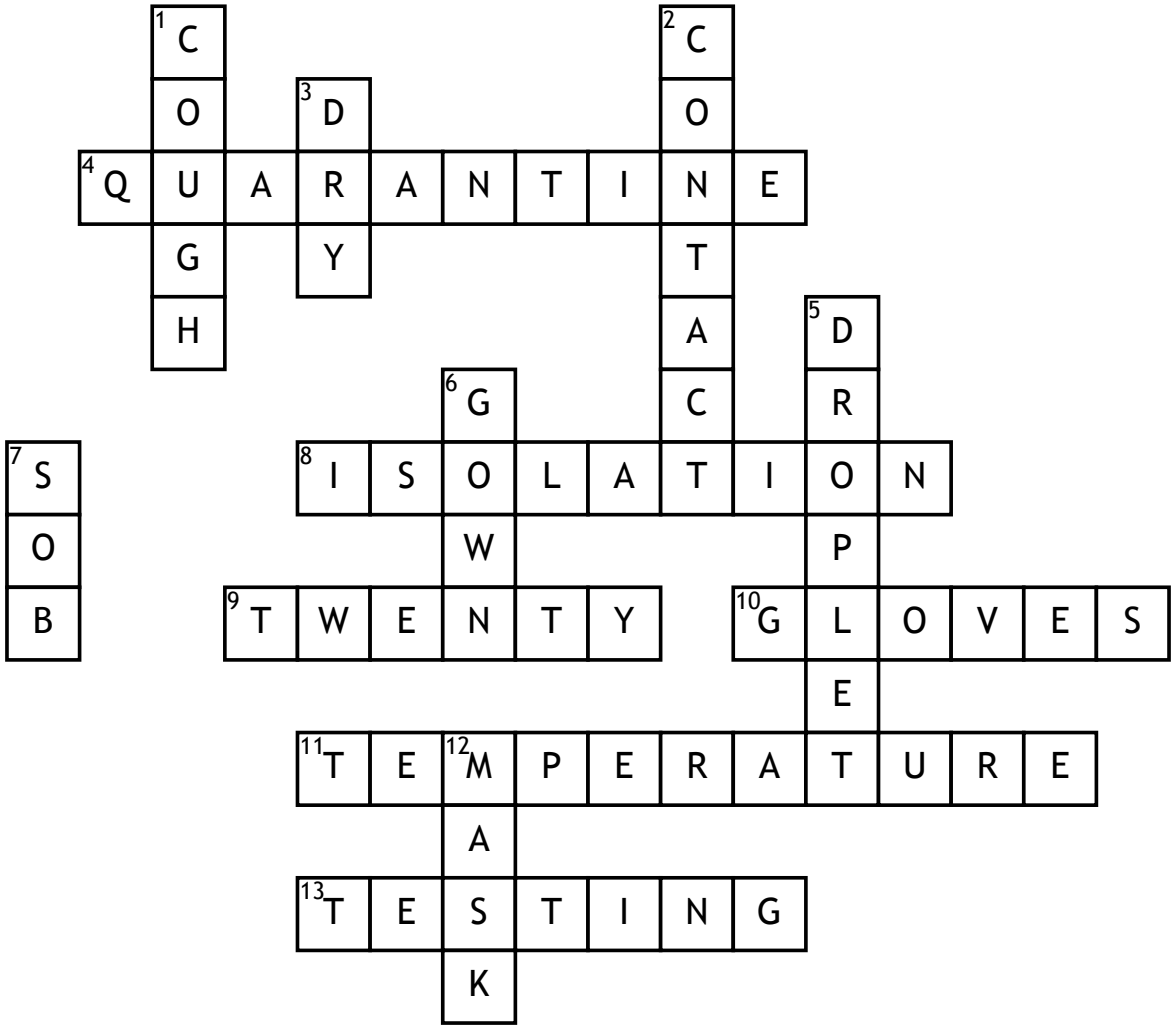
Name: _____ Date: _____ Period: _____

COVID-19



Across

4. restrict movement

8. alone

9. how long do you wash your hands

10. PPE

11. symptom of coronavirus

13. Negative or Positive

Down

1. symptom of cornavirus

2. a type of precaution

3. how long do you use hand sanitizer

5. a type of precaution

6. PPE

7. symptom of coronavirus

12. PPE