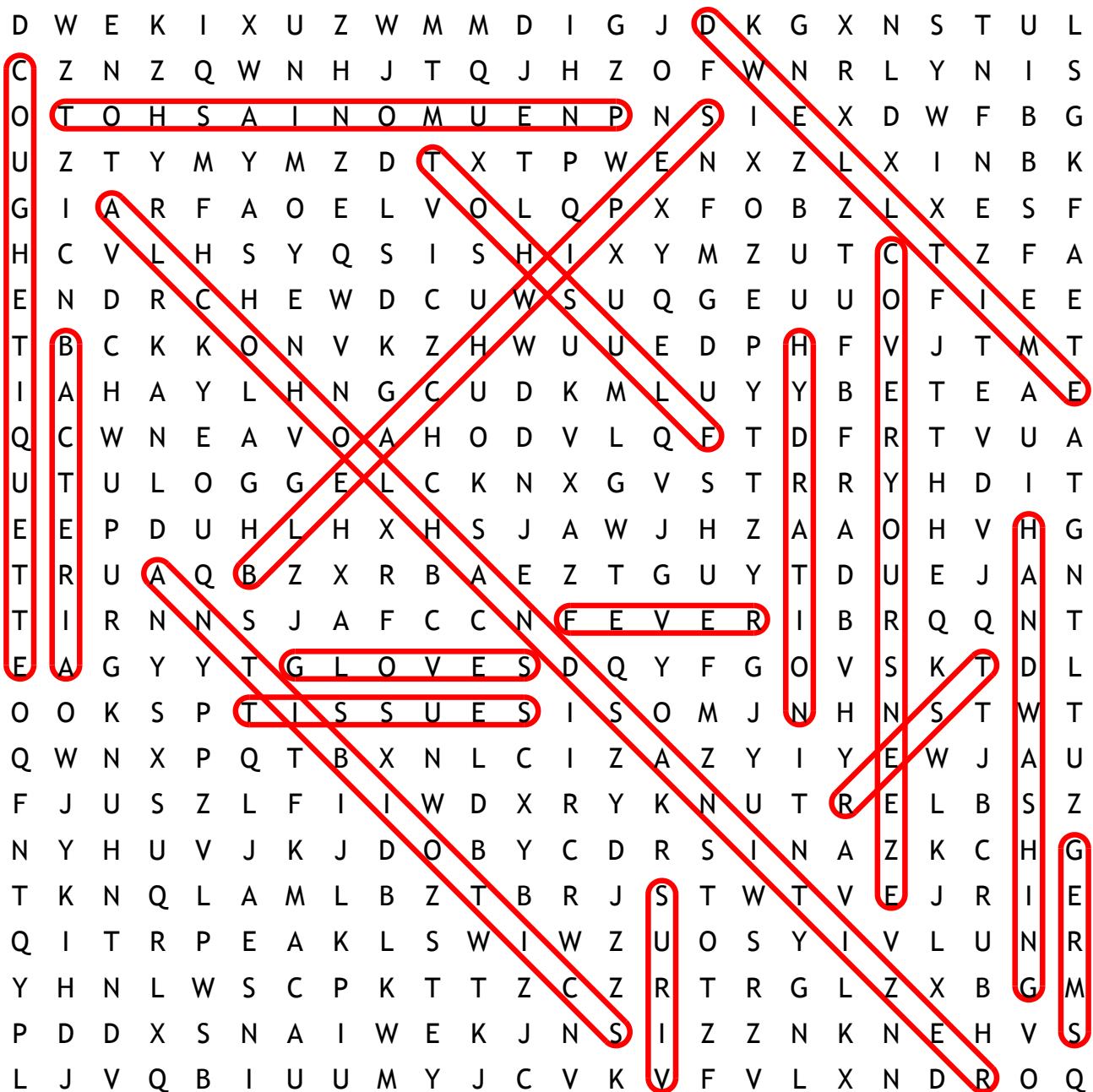


Name: \_\_\_\_\_

Date: \_\_\_\_\_

# Infection Prevention



alcohol hand sanitizer  
pneumonia shot  
handwashing  
bacteria  
gloves  
germs

cover your sneeze  
bleach wipes  
dwell time  
flu shot  
fever  
rest

cough etiquette  
antibiotics  
hydration  
tissues  
virus