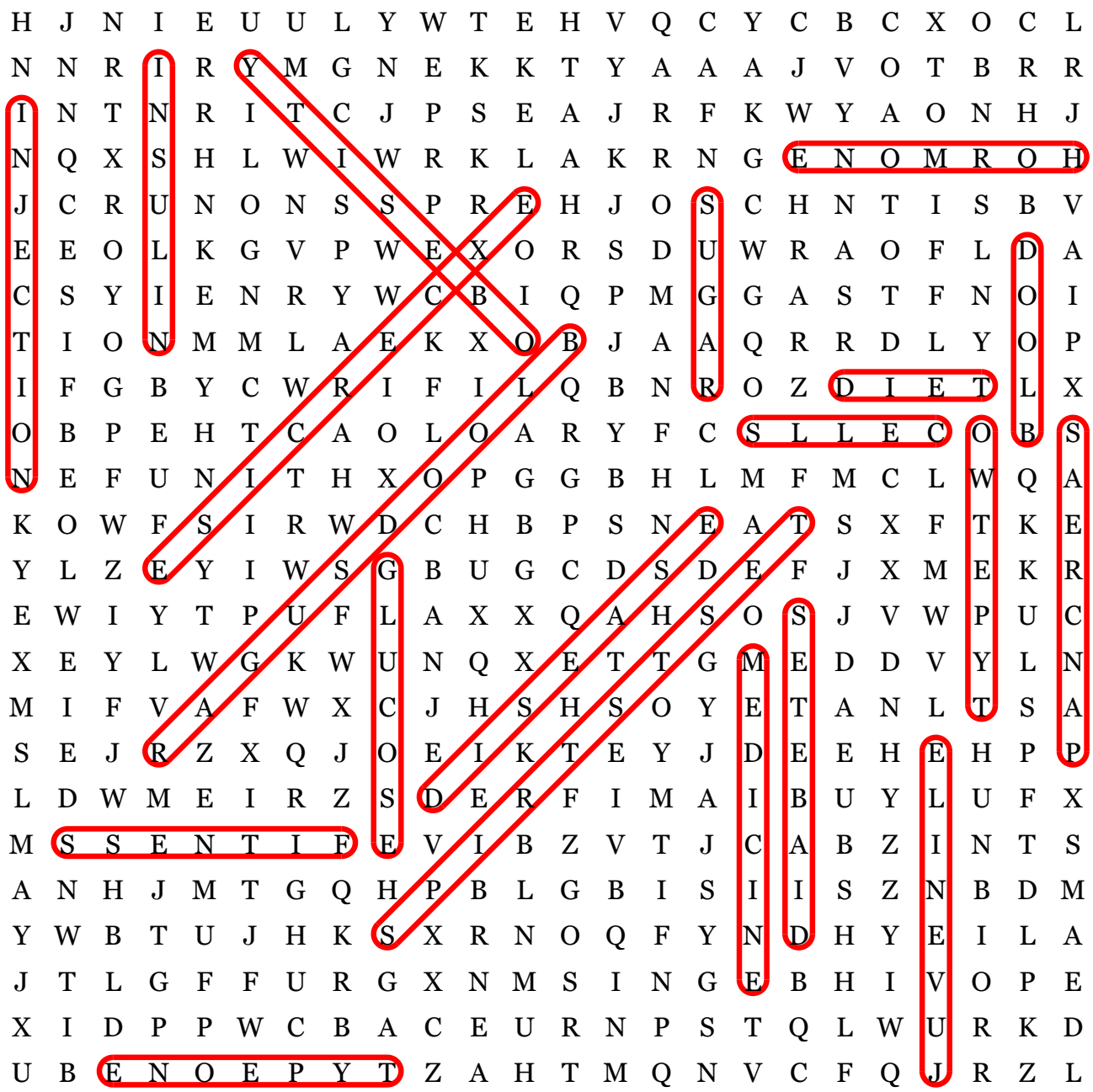
Name: _____ Date: _____

Diabetes!



TEST STRIPS
BLOODSUGAR
INJECTION
EXCERCISE
JUVENILE
MEDICINE
DIABETES
GLUCOSE
PANCREAS
DISEASE
FITNESS
HORMONE
INSULIN
OBESITY
TYPEONE
TYPETWO
BLOOD
CELLS
SUGAR
DIET