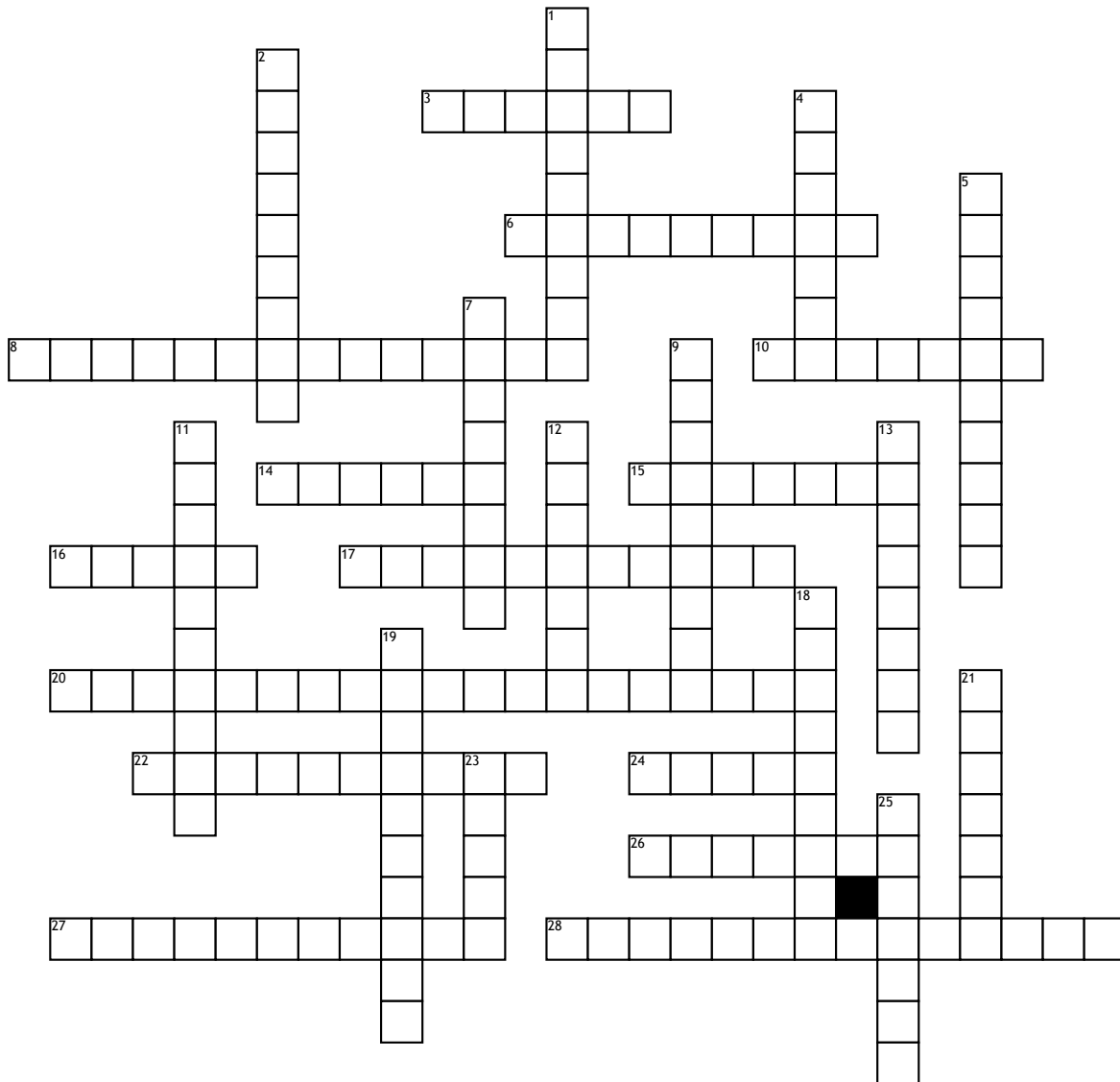


Name: _____

Date: _____

Health



Across

- 3. mouth
- 6. what do you have
- 8. be cool
- 10. happy
- 14. sad
- 15. the flu
- 16. cough
- 17. stay in bed
- 20. it hurts i have pain

- 22. throat
- 24. poor
- 26. tired
- 27. in good mood
- 28. chills

Down

- 1. quiet
- 2. Kleenex
- 4. sick
- 5. stomach

- 7. fever
- 9. the cold
- 11. sneeze
- 12. health
- 13. nervous
- 18. whats wrong
- 19. modily
- 21. pain
- 23. cough
- 25. eyes