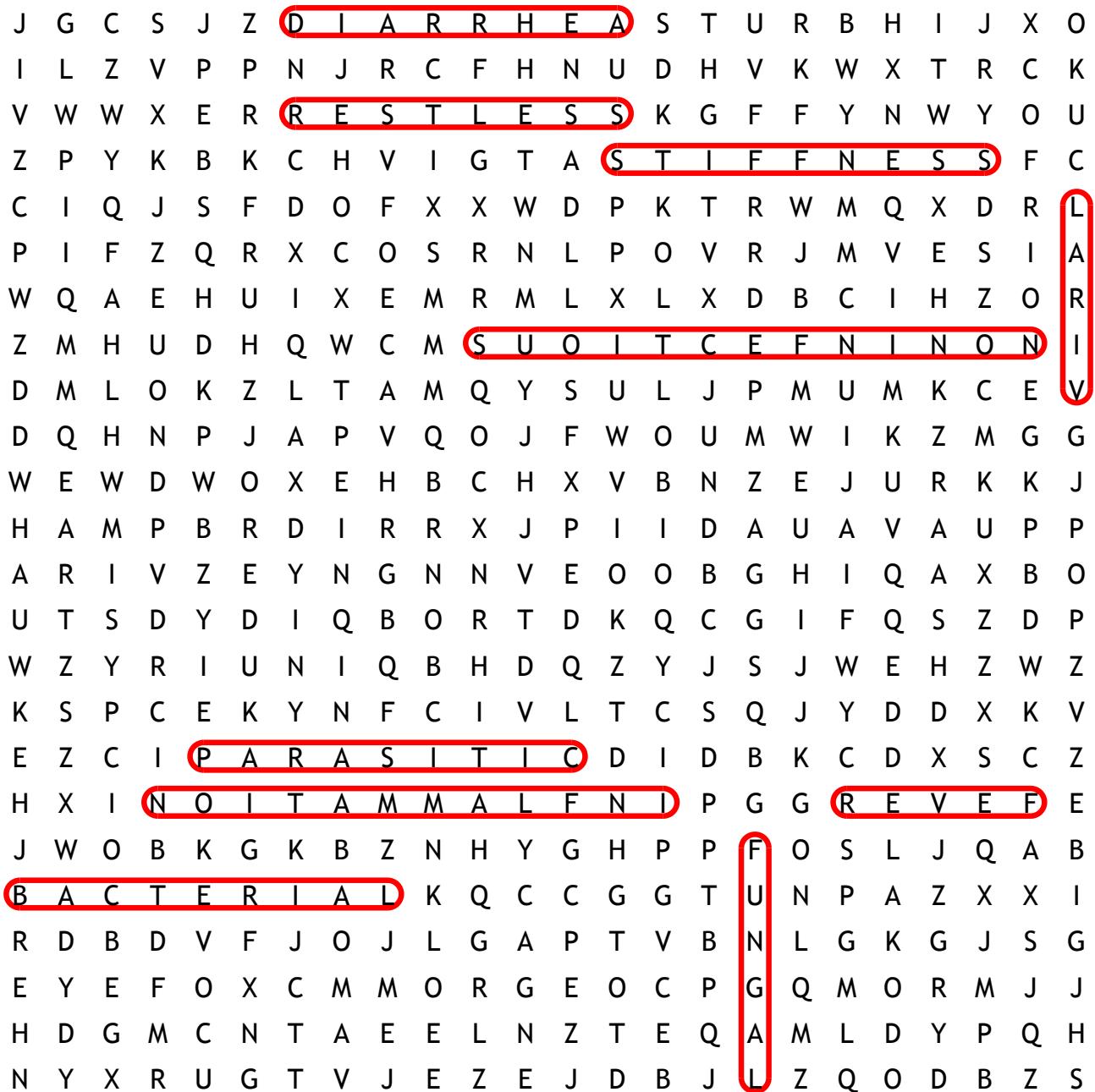


Name: _____

Date: _____

meningitis



non-infectious

inflammation

stiffness

parasitic

bacterial

restless

diarrhea

fungus

fever

viral