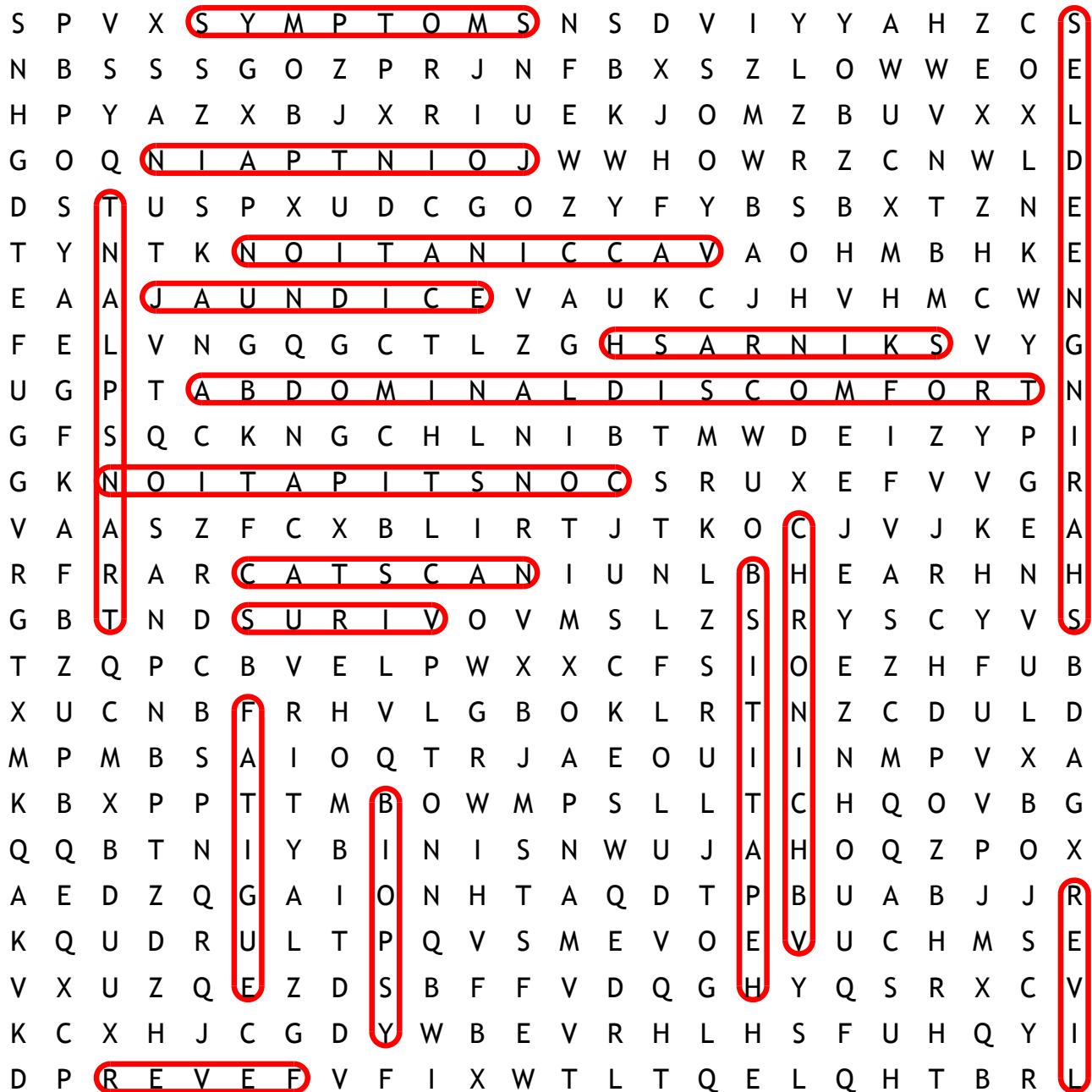


Name: _____

Date: _____

Hepatitis B Virus



- | | | |
|----------------------|-----------------|--------------|
| abdominal discomfort | sharing needles | constipation |
| chronic HBV | vaccination | Hepatitis B |
| joint pain | transplant | skin rash |
| symptoms | Jaundice | fatigue |
| catscan | Biopsy | virus |
| fever | liver | |