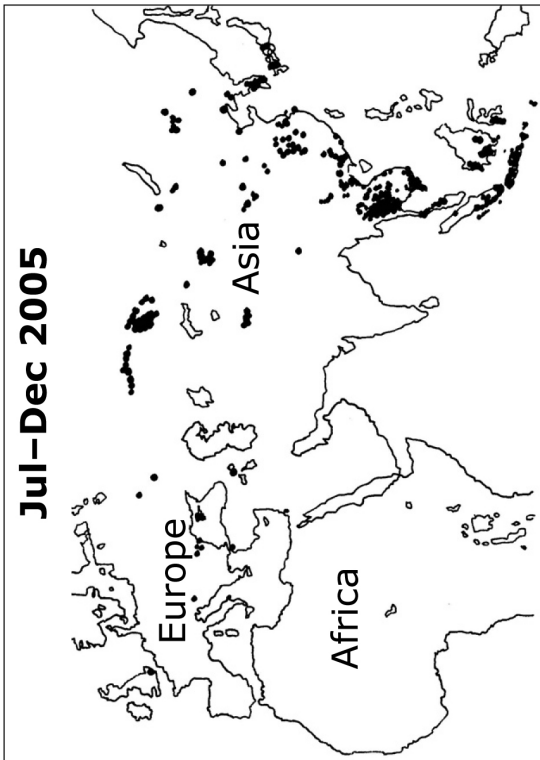


Name: _____

Date: _____

BLM 10-5

Spreading Disease



■ Bird flu outbreak

