

NAME: _____

DATE: _____

VITAMINS

Drag the information to the correct spaces to complete the table below.

GOOD EYESIGHT		BLOOD DOES NOT CLOT
	RICKETS	
		STRONG BONES AND TEETH
	SPINACH 	NIGHT-BLINDNESS
	BLOOD CLOTS QUICKLY	
SCURVY	HEALTHY NERVOUS SYSTEM	
	MUSCLE WEAKNESS	HEALTHY SKIN AND GUMS
HEALTHY RED BLOOD CELLS		BERI BERI

VITAMIN	SOURCES	USES	DEFICIENCY DISEASE

