

Name \_\_\_\_\_

Date \_\_\_\_\_ Period \_\_\_\_\_

## ~~STDs~~

Name	How Acquired	Symptoms	Results
Syphilis			
Chlamydia			
Gonorrhea			
Herpes			
Genital Warts/ Venereal Warts			

Name	How Acquired	Symptoms	Results
Crabs			
Candidiasis			
Nongonococcal Urethritis/NGU			
Trichomoniasis			
HIV/AIDS			

