

Name _____ Period _____ Date _____

Sexually Transmitted Diseases

	Virus or Bacteria	Signs & Symptoms	Transmission	Treatment
Gonorrhea				
Syphilis				
Chlamydia				
Herpes				
Human Papilloma Virus (HPV)				
Hepatitis B & C				
Scabies and Pubic Lice				
HIV/AIDS				