



UDRS

Mi Universidad

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Cuatrimestre 3° "B"

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9 GRAMMAR FOCUS

Imperatives

- | | |
|------------------------------|----------------------|
| Get some rest. | Don't stay up late. |
| Drink lots of juice. | Don't drink soda. |
| Take one pill every evening. | Don't work too hard. |

GRAMMAR PLUS

Complete these sentences. Use the correct forms of the words in the box.

- | | | | |
|----------------|------|-------------|-----------|
| ✓ call | stay | not go | not drink |
| see | take | ✓ not worry | not eat |

- | | |
|--------------------------------------|------------------------------------|
| 1. _____ Call _____ a dentist. | 5. <u>Stay</u> _____ in bed. |
| 2. _____ Don't worry _____ too much. | 6. <u>See</u> _____ a doctor. |
| 3. _____ Take _____ a hot bath. | 7. <u>Hot drink</u> _____ coffee. |
| 4. <u>NOT GO</u> _____ to school. | 8. <u>Not eat</u> _____ any candy. |

10 SPEAKING Good advice?

A Write two pieces of advice for each problem.



1. Place a bag
of ice
spread
ointment



2. Use of a wrist
band
spread
ointment



3. Apply
eye drops
GIVING an
eyewash



4. Take an aspirin
DON'T DRINK a coffee

B **GROUP WORK** Act out the problems from part A. Your classmates give advice.

A: I don't feel well.

A: My feet hurt.

B: What's the matter?

B: I have an idea. Take a hot bath. And don't...

11 INTERCHANGE 12 Problems, problems

Give advice for common problems. Go to Interchange 12 on page 126.

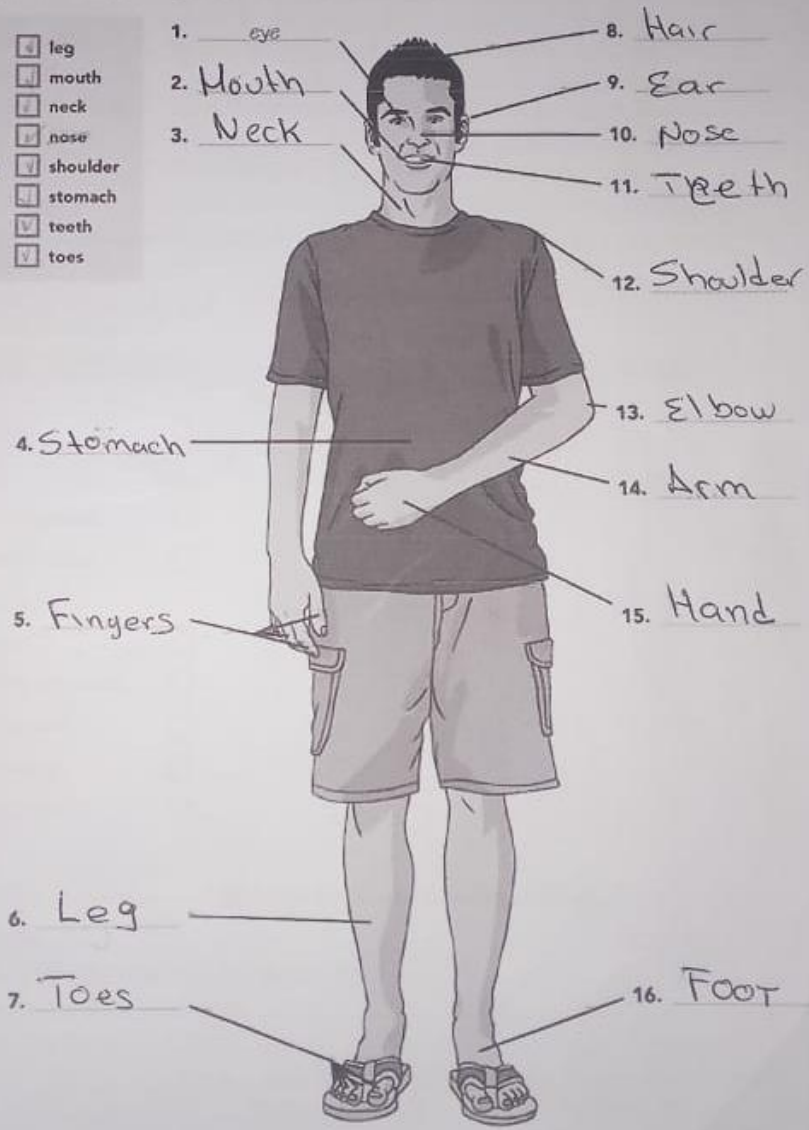
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WORKBOOK

1 Label the parts of the body. Use the words in the box.

- | | |
|---|--|
| <input checked="" type="checkbox"/> arm | <input checked="" type="checkbox"/> leg |
| <input checked="" type="checkbox"/> ear | <input checked="" type="checkbox"/> mouth |
| <input checked="" type="checkbox"/> elbow | <input checked="" type="checkbox"/> neck |
| <input checked="" type="checkbox"/> eye | <input checked="" type="checkbox"/> nose |
| <input checked="" type="checkbox"/> fingers | <input checked="" type="checkbox"/> shoulder |
| <input checked="" type="checkbox"/> foot | <input checked="" type="checkbox"/> stomach |
| <input checked="" type="checkbox"/> hair | <input checked="" type="checkbox"/> teeth |
| <input checked="" type="checkbox"/> hand | <input checked="" type="checkbox"/> toes |



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7 Write two pieces of advice for each problem.

- | | |
|--------------------------|--|
| 1. I have a sore throat. | Don't go to work today. Drink some chamomile tea. |
| 2. I have a toothache. | Avoid eating food that is too hot or cold and take a painkiller. |
| 3. I have a cough. | Drink a honey tea and stay hydrated. |
| 4. I have a cold. | Drink plenty of fluids (water, juices, or soups) and stay at rest. |
| 5. I have a stomachache. | Drink chamomile tea or an antacid. |
| 6. I have a headache. | Drink ginger tea and apply a cold compress. |
| 7. I have the flu. | Drink plenty of fluids and be at rest. |
| 8. I have a fever. | Take paracetamol and get enough rest. |

8 Health survey

A How healthy and happy are you?
Complete the survey.

How often do you . . . ?

	Often	Sometimes	Hardly ever	Never
get a headache	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
get an earache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
get a cold	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
get the flu	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
get a stomachache	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
stay up late	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
feel sleepy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
get a fever	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

B Write four sentences about your health. Use the information from the survey in part A.

Examples:

I sometimes stay up late, but I hardly ever feel sleepy.

I hardly ever get a cold or the flu.

1. Sometimes I eat spicy and it gives me a stomach ache.
2. Sometimes I stay awake and it gives me a headache.
3. I use the headphones a lot and I almost never get an earache.
4. I usually get wet and sometimes I get the flu.

Patient: Good afternoon, excuse me, can I come in?

Nurse: Go ahead, how can you be supported?

Patient: Note that I have a temperature, a headache, a runny nose and a sore throat.

Nurse: Let me check it; I'm going to take your temperature, I raised my arm, I'll put ~~the~~ the thermometer under your armpit, open your mouth wide (a tongue depressor is inserted).

Patient: How do you find me?

Nurse: It has a temperature of 38° and his throat is very irritated, he has a cold and irritation in his throat. It is a Flu and tonsillitis, it is recommended to take Chamomile tea, an anti-flu and an antibiotic, wear mouth covers, and rest for 7 days.

Patient: Thank you very much, how much do I owe you?

Nurse: It's 100 for the query, thank you and hopefully it gets better, bye.

Patient: bye.

Bibliografía

Universidad del sureste.2023. antologia de Ingles III,PDF.