



Mi Universidad

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NOMBRE DE LA MATERIA: INGLÉS III.

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CUATRIMESTRE: 3 °B.

FECHA DE ENTREGA: 1 DE AGOSTO DE 2023.

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 |

1. eye

2. mouth

3. neck

4. stomach

5. fingers

6. leg

7. toes

8. hair

9. ear

10. nose

11. teeth

12. shoulder

13. elbow

14. arm

15. hand

16. foot

9 GRAMMAR FOCUS

▶ Imperatives

Get some rest.

Drink lots of juice.

Take one pill every evening.

Don't stay up late.

Don't drink soda.

Don't work too hard.

GRAMMAR PLUS see page 143

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.
2. _____ Don't worry _____ too much.
3. _____ take _____ a hot bath.
4. _____ stay _____ to school.

5. _____ not go _____ in bed.
6. _____ see _____ a doctor.
7. _____ no drink _____ coffee.
8. _____ no eat _____ any candy.

10 SPEAKING Good advice?

A Write two pieces of advice for each problem.

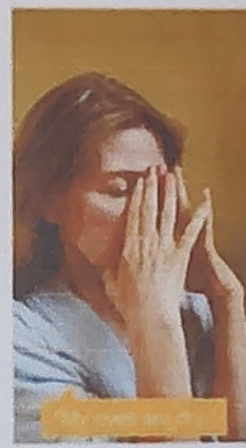


1. take pill
Paracetamol every
8 hours

2. Put anti-inflammatory
cream.

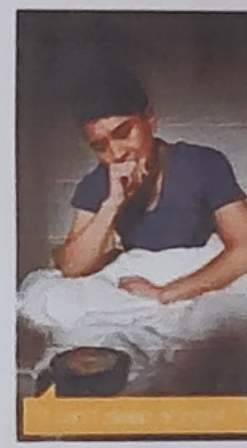


2. take an ibuprofen
pill every 8 hours. spray every 12
hrs an ointment.



3. Apply nasal
spray every 12
hours.

Use a humidifier.



4. take cough
syrup every
8 hours.

take chamomile
tea.

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

A: I don't feel well.

B: What's the matter?

A: My feet hurt.

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

7 Write two pieces of advice for each problem.

1. I have a sore throat.
2. I have a toothache.
3. I have a cough.
4. I have a cold.
5. I have a stomachache.
6. I have a headache.
7. I have the flu.
8. I have a fever.

Don't go to work today. Drink some chamomile tea.

Apply a cold compress, locally take paracetamol pill.
take cough syrup, don't bathe with cold water.
Get plenty of rest, drink ginger and lemon tea.
avoid hard to digest foods, take antacid.
Take paracetamol pill, take a shower.
Dress in several layers of clothing, have a had on rest.
Put on an ice pack to reduce fever, take a paracetamol pill.

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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| get an earache | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| stay up late | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| feel sleepy | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| get a fever | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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. I have never had a headache.
2. I hardly ever had stomachache.
3. Sometimes I drink cold water and I never catch a cold.
4. Hardly ever get a fever.