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CULEBRO TORRES

NOMBRE DEL TRABAJO: activy 3

MATERIA: INGLES III

GRADO: 3° CUATRIMESTRE

GRUPO: B

COMITÁN DE DOMÍNGUEZ CHIAPAS A 12 DE
JUNIO DEL 2020

7 Write two pieces of advice for each problem.

- | | |
|--------------------------|--|
| 1. I have a cold. | <u>Don't go to school today. Take a cold pill.</u> |
| 2. I have a toothache. | <u>You should take a pill. You should see a dentist</u> |
| 3. I have a sore throat. | <u>You should drink cough syrup. You should drink hot tea</u> |
| 4. I have an earache. | <u>You should see a doctor. You should wash your ear</u> |
| 5. I have a stomachache. | <u>You should drink a tea. You should drink pepto</u> |
| 6. I have a backache. | <u>You should put some muscle cream on. You should not lift heavy things</u> |
| 7. I have sore eyes. | <u>You should not touch your eyes. You should put some eye drops</u> |
| 8. I have a fever. | <u>You should take a warm bath. You should not go outside</u> |

	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 stomachache	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
stay up late	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
feel sleepy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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:

1. I always stay up late. I hardly ever get a fever
2. I often get a headache. I hardly ever get a cold
3. I always get a stomachache. I never feel sleepy
4. I often get an earache. I hardly ever get the flu