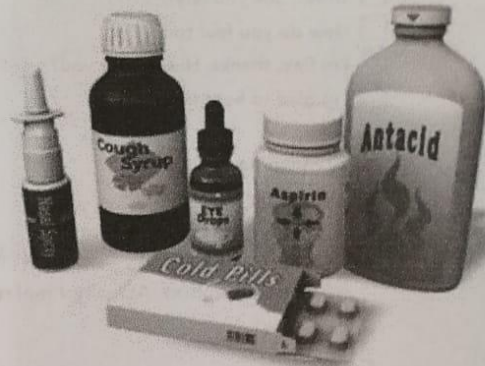


4 Complete the sentences with the correct medications.

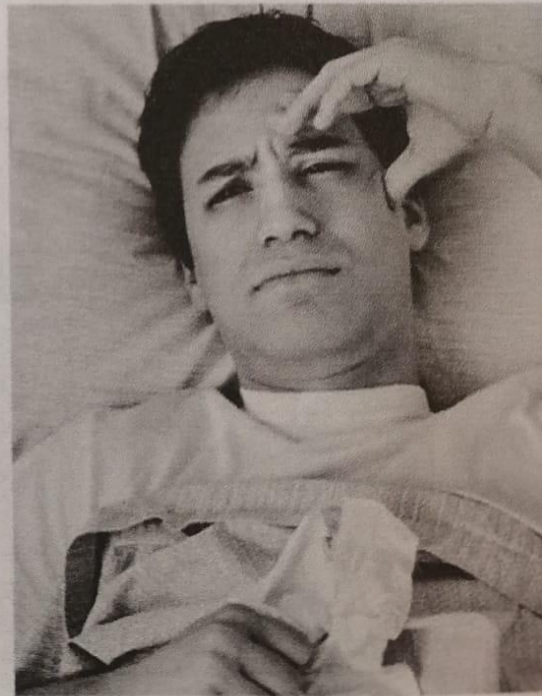
1. His nose is very congested. He needs some nasal spray.
2. I have a horrible cold, so I'm going to buy some cold medicine.
3. Your eyes look red and tired. Get some eye drops.
4. Alan has a stomachache, so he's going to get some antacid.
5. I have a terrible headache. I need some aspirin.
6. Mandy's cough sounds awful. I'm going to give her some cough syrup.



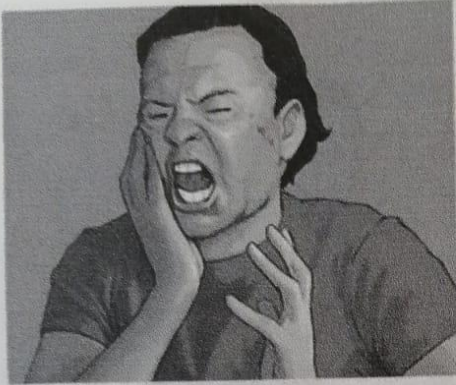
5 Write each sentence a different way. Use the sentences in the box.

- | | |
|-------------------------------------------------------------|-------------------------------------------------------------|
| <input checked="" type="checkbox"/> My head feels terrible. | <input checked="" type="checkbox"/> I'm not happy. |
| <input checked="" type="checkbox"/> I have a stomachache. | <input checked="" type="checkbox"/> I'm sorry to hear that. |
| <input checked="" type="checkbox"/> What's wrong? | <input checked="" type="checkbox"/> I'm very tired. |
| <input checked="" type="checkbox"/> I'm glad to hear that. | <input checked="" type="checkbox"/> I have a sore throat. |

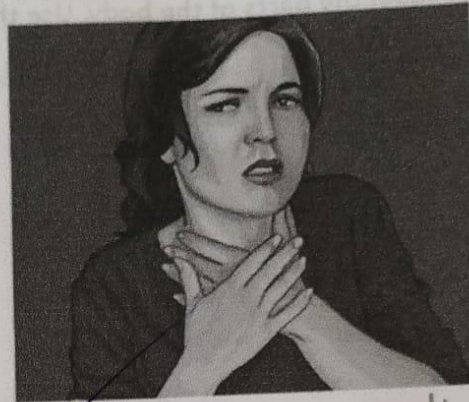
1. I feel sad.
I'm not happy.
2. What's the matter?
What's wrong?
3. I'm exhausted.
I'm very tired
4. That's too bad.
I'm sorry to hear that
5. That's good.
I'm glad to hear that
6. I have a headache.
My head feels terrible
7. My stomach hurts.
I have a stomachache
8. My throat is sore.
I have a sore throat



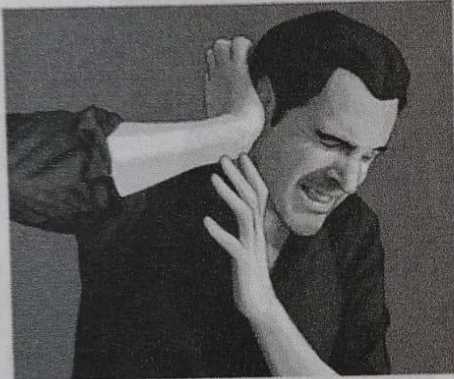
2 What's wrong with these people? Write sentences.



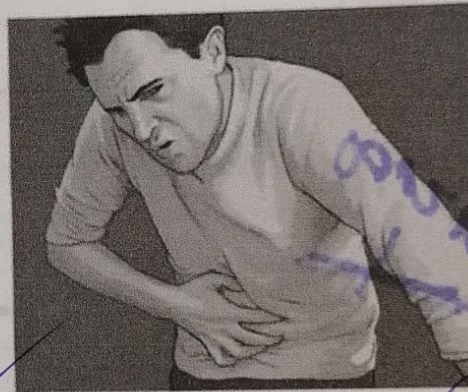
1. He has a toothache.



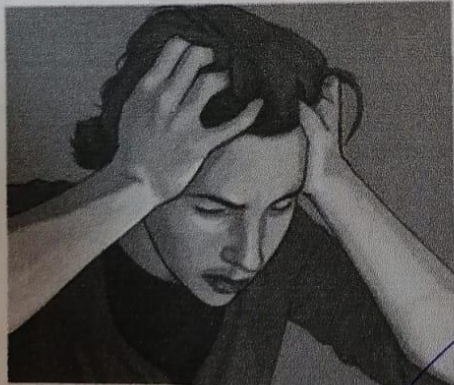
2. She has a sore throat



3. He has an earache



4. He has a stomachache



5. He has a headache



6. She has a backache

Eraldia Pérez
Hernández.

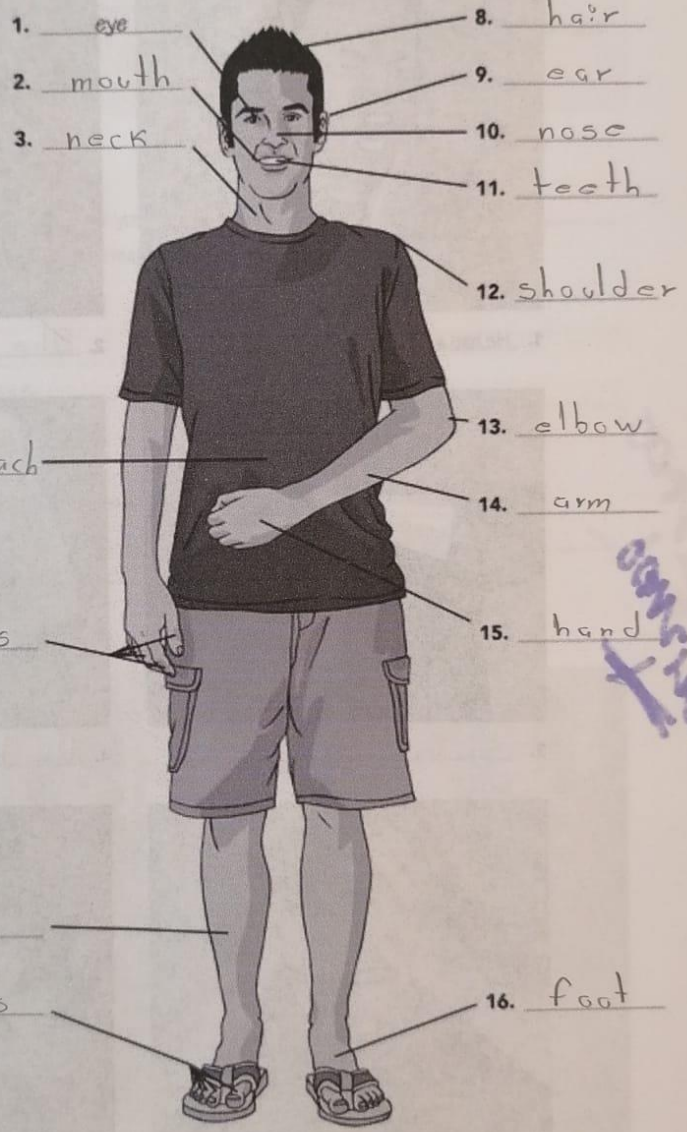
2 personas

Samantha Frias
Activity #1 UDS
Wednesday 8th June 2022
Partial 2

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 |



2 personas

2 personas