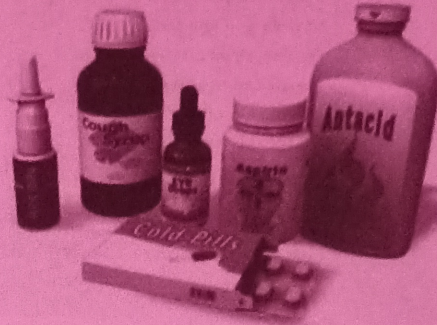


Date: DANIKAS L Y MARLEU LARA
Parcial 2.

UDS

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 y rop.

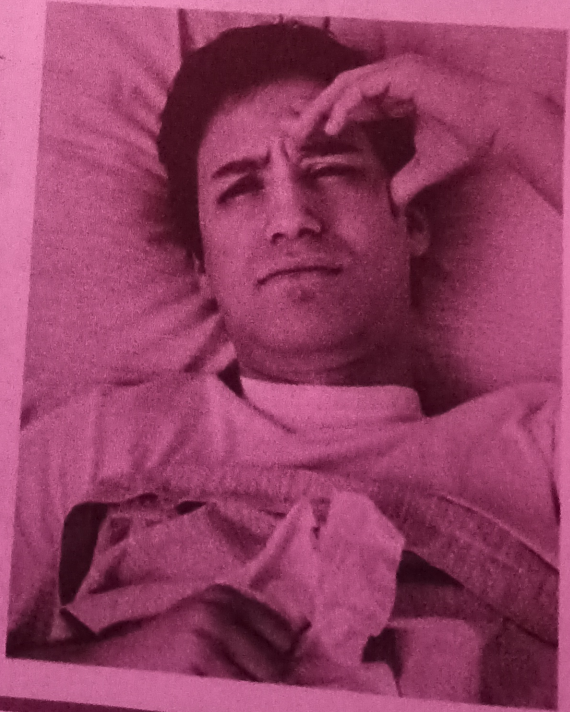


Antacid

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

- | | |
|---|---|
| <input type="checkbox"/> My head feels terrible. | <input checked="" type="checkbox"/> I'm not happy. |
| <input 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 type="checkbox"/> I'm glad to hear that. | <input 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'm glad to hear that.
8. My throat is sore.
I have a sore throat.



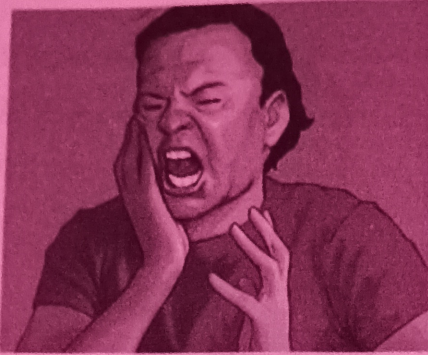
NAME: DANIKA Y MARLEA

May 30th

~~AUTOGRADO~~

UDS

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



1. He has a toothache.



2. She has a neckache.



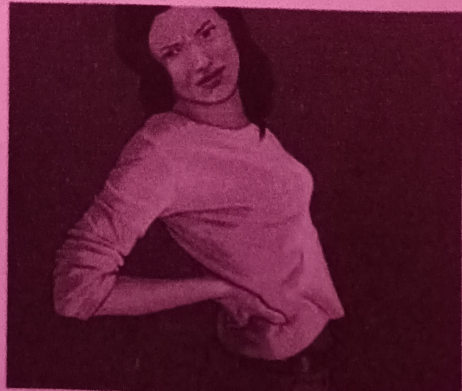
3. He has a ear~~ache~~^{ache}.



4. He has a stomachache



5. She has head~~ache~~^{ache}.



6. she has a backache

PARCIAL #2

DANIKA DE ALBA SANTIZ LOPEZ
MARLEN LARA

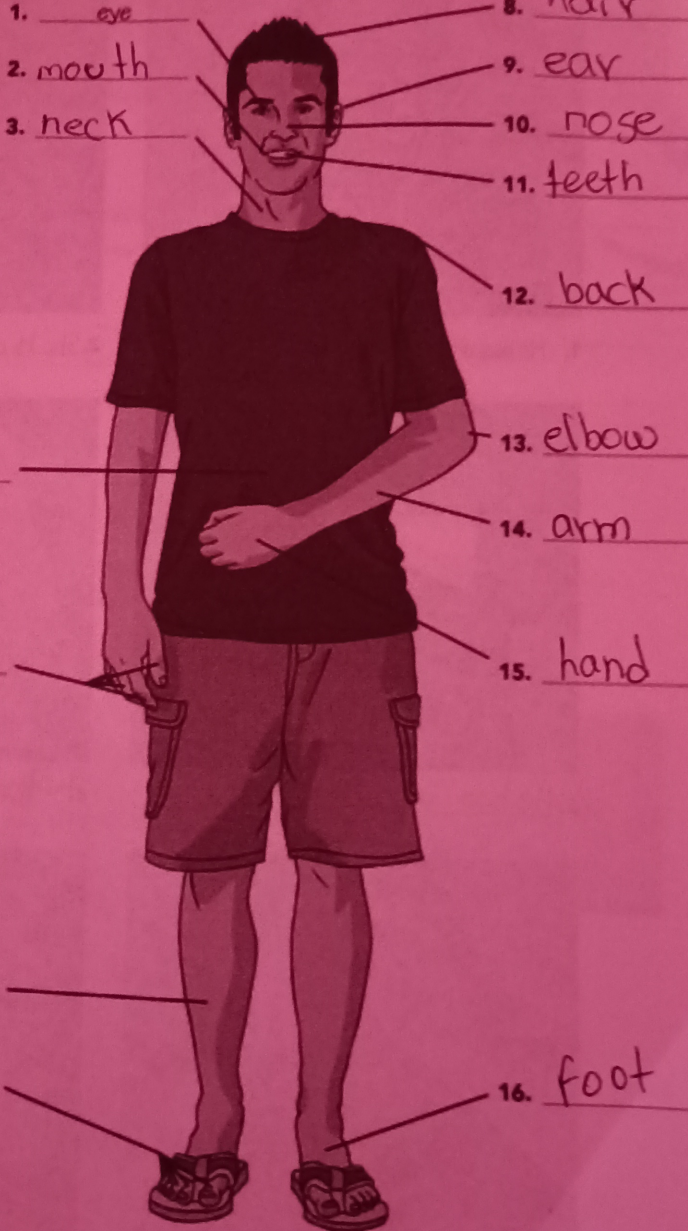
~~COMUNICACION~~

miércoles
~~Tuesday~~ 8th June 2022 UDS

WORKBOOK

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

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



~~AUTODIRATO~~