



Mi Universidad

Nombre del Alumno: Daniel Sánchez Hernández

Nombre del tema:

Nombre de la Materia: Ingles 3

Nombre del profesor: Liliana Rubí Gutiérrez Penagos

Nombre de la Licenciatura: Enfermería

Cuatrimestre: 3

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 133

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. _____ not go _____ to school.
- 5. _____ stay _____ in bed.
- 6. _____ see _____ a doctor.
- 7. _____ not drink _____ coffee.
- 8. _____ not eat _____ any candy.

10 SPEAKING Good advice?

A Write two pieces of advice for each problem.



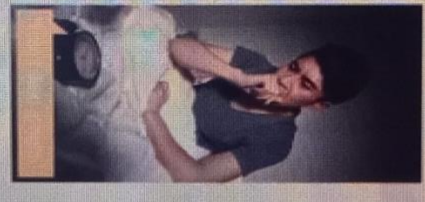
1. put ice pack
put ointment



2. put ice pack
put ointment



3. put nasal spray
take cold medicine

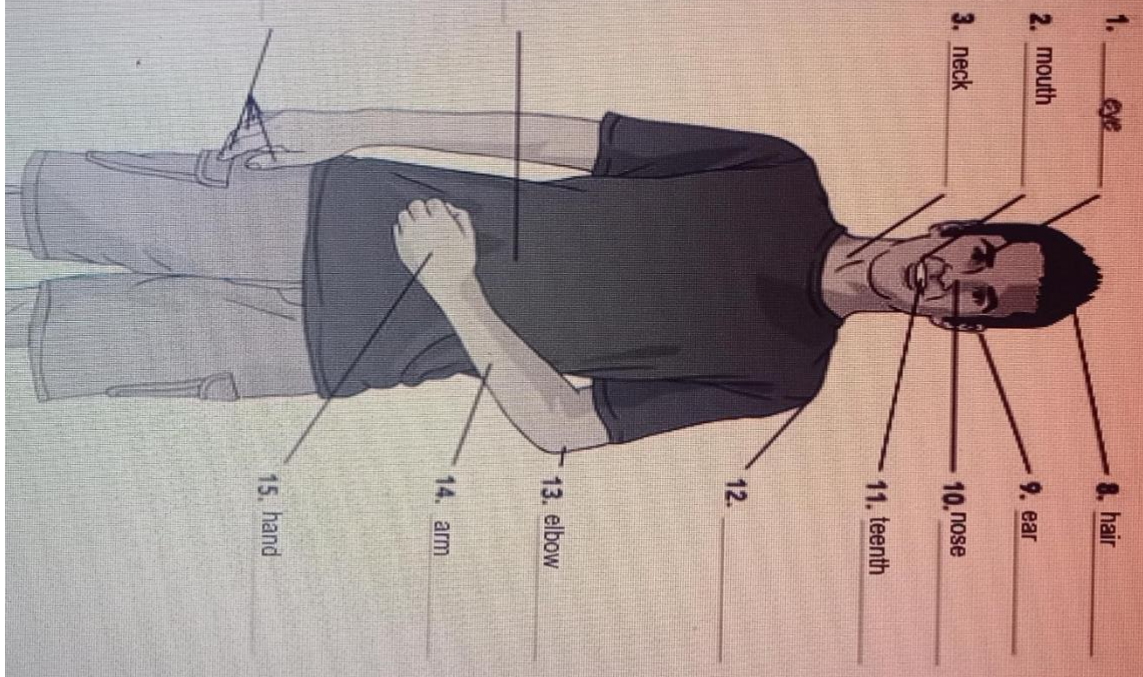


4. drink chamomile tea
drink tila tea

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 |



1. eye

2. mouth

3. neck

4. stomach

5. fingers

8. hair

9. ear

10. nose

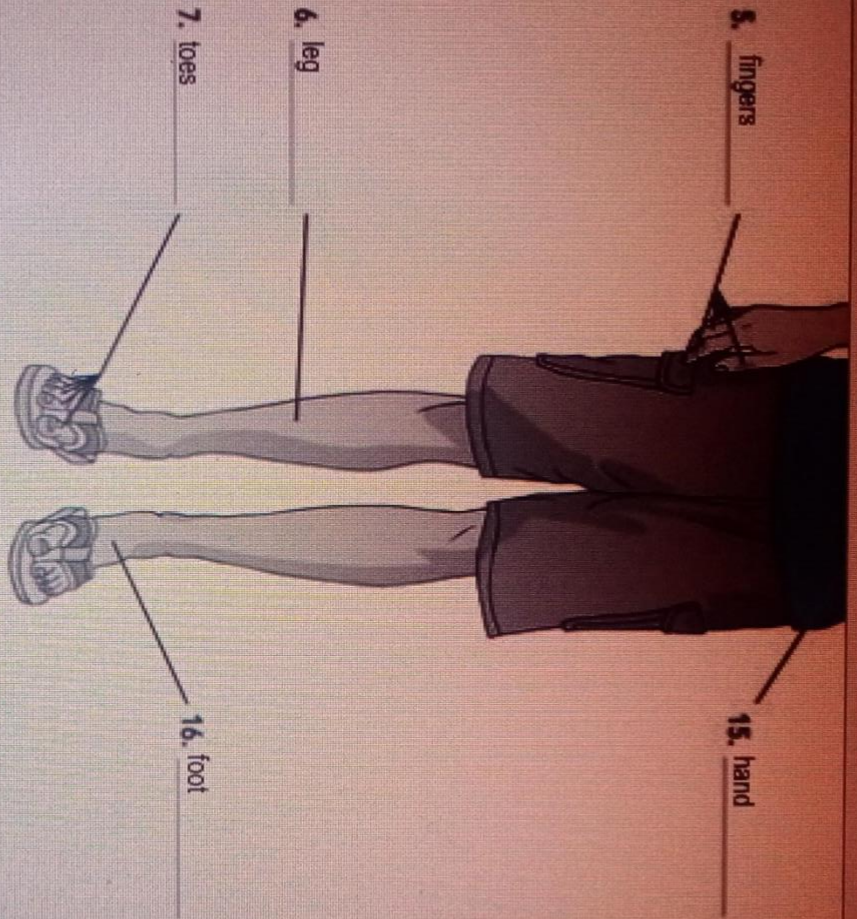
11. teeth

12. _____

13. elbow

14. arm

15. hand



7 Write two pieces of advice for each problem.

- | | |
|--------------------------|--|
| 1. I have a sore throat. | <u>Don't go to work today. Drink some chamomile tea.</u> |
| 2. I have a toothache. | don't eat too much don't drink cold water |
| 3. I have a cough. | don't drink cold water don't eat spicy food |
| 4. I have a cold. | eat chicken soup take cold medicine |
| 5. I have a stomachache. | drink an antacid don't eat junk food |
| 6. I have a headache. | take an aspirin sleep a little |
| 7. I have the flu. | take cold medicine eat an chicken soup |
| 8. I have a fever. | put warm cloths don't go out to the cold |

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 checked="" type="checkbox"/>	<input type="checkbox"/>
get a cold	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
get the flu	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
get a stomachache	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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.

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 checked="" type="checkbox"/>	<input type="checkbox"/>
get a cold	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
get the flu	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
get a stomachache	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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.

I hardly ever get a headache in house

2. sometime get a cold go street

3. hardly ever get a fever in house

4. sometimes get the flu when i bathe with cold water

