



# UDRS

## Mi Universidad

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*Nombre del tema: Actividad II*

*Parcial: Segundo*

*Nombre de la Materia: Ingles III*

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## 9 GRAMMAR FOCUS

### Imperatives

- |                              |                      |
|------------------------------|----------------------|
| Get some rest.               | Don't stay up late.  |
| Drink lots of juice.         | Don't drink soda.    |
| Take one pill every evening. | Don't work too hard. |

### GRAMMAR PLUS

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.       | 5. Stay in bed.       |
| 2. Don't worry too much. | 6. See a doctor.      |
| 3. Take a hot bath.      | 7. Not drink coffee.  |
| 4. NOT GO to school.     | 8. Not eat any candy. |

## 10 SPEAKING Good advice?

A Write two pieces of advice for each problem.



1. Place a bag of ice spread ointment



2. Use of a wrist band spread ointment



3. Apply eye drops giving an eyewash



4. Take an aspirin DON'T DRINK a coffee

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

A: I don't feel well.

A: My feet hurt.

B: What's the matter?

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

## 11 INTERCHANGE 12 Problems, problems

Give advice for common problems. Go to Interchange 12 on page 126.

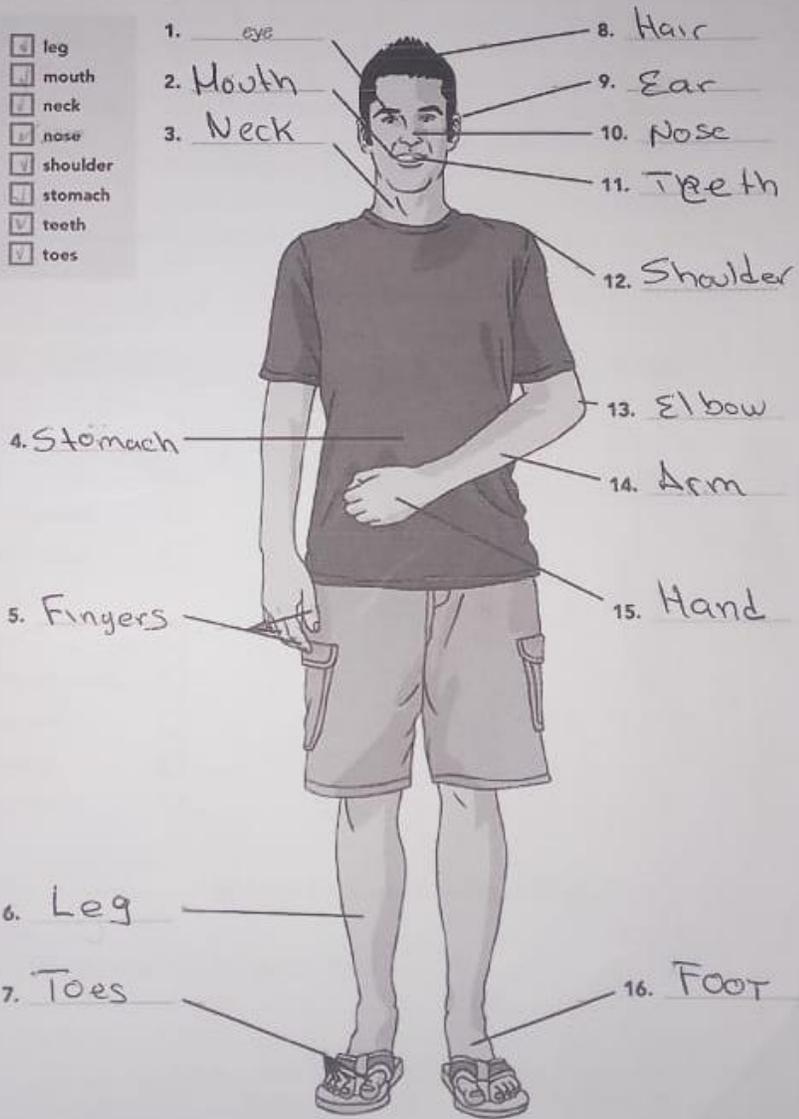
Christian Juan Salomón Rojas

UDS

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     |



Christian Ivan Solomon Rojas "3º B"

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**7 Write two pieces of advice for each problem.**

- |                          |  |
|--------------------------|--|
| 1. I have a sore throat. | Don't go to work today. Drink some chamomile tea.                  |
| 2. I have a toothache.   | Avoid eating food that is too hot or cold and take a painkiller.   |
| 3. I have a cough.       | Drink a honey tea and stay hydrated.                               |
| 4. I have a cold.        | Drink plenty of fluids (water, juices, or soups) and stay at rest. |
| 5. I have a stomachache. | Drink chamomile tea or an antacid.                                 |
| 6. I have a headache.    | Drink ginger tea and apply a cold compress.                        |
| 7. I have the flu.       | Drink plenty of fluids and be at rest.                             |
| 8. I have a fever.       | Take paracetamol and get enough rest.                              |

**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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
stay up late	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
feel sleepy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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.

1. Sometimes I eat spicy and it gives me a stomach ache.
2. Sometimes I stay awake and it gives me a headache.
3. I use the headphones a lot and I almost never get an earache.
4. I usually get wet and sometimes I get the flu.

Patient: Good afternoon, excuse me, can I come in?

Nurse: Go ahead, how can you be supported?

Patient: Note that I have a temperature, a headache, a runny nose and a sore throat.

Nurse: Let me check it; I'm going to take your temperature, I raised my arm, I'll put ~~the~~ the thermometer under your armpit, open your mouth wide (a tongue depressor is inserted).

Patient: How do you find me?

Nurse: It has a temperature of  $38^{\circ}$  and his throat is very irritated, he has a cold and irritation in his throat. It is a Flu and tonsillitis, it is recommended to take Chamomile tea, an anti-flu and an antibiotic, wear mouth covers, and rest for 7 days.

Patient: Thank you very much, how much do I owe you?

Nurse: It's 100 for the query, thank you and hopefully it gets better, bye.

patient: bye.

## Bibliografía

Universidad del sureste.2023. antologia de Ingles III,PDF.