



**Mi Universidad**

**ingles**

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# 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 FOCUS

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

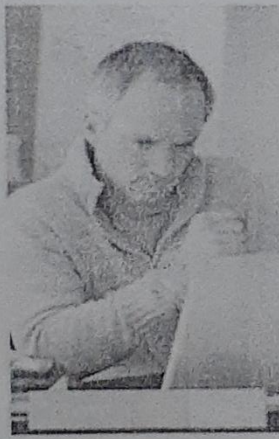
- |                          |                         |
|--------------------------|-------------------------|
| 1. Call a dentist.       | 5. Take in bed.         |
| 2. Don't worry too much. | 6. Stay a doctor.       |
| 3. See a hot bath.       | 7. Don't drink coffee.  |
| 4. Don't go to school.   | 8. Don't eat any candy. |

## SPEAKING Good advice?

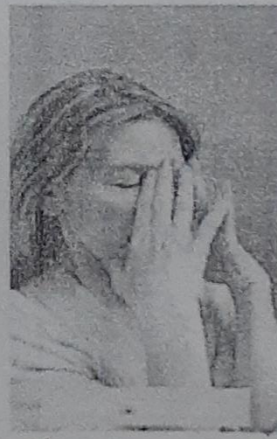
A Write two pieces of advice for each problem.



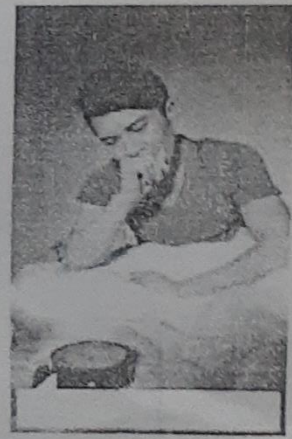
1. Don't exercise  
Don't move



2. take some rest  
take some pills



3. take an aspirin  
Don't stay up late



4. take some pills  
Don't worry too much

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

A: I don't feel well.

B: What's the matter?

A: My feet hurt.

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

## INTERCHANGE 12 Problems, problems

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

WORKBOOK

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 type="checkbox"/> toes                |

1. eye
2. mouth
3. neck

8. hair
9. ear
10. nose
11. teeth

4. stomach

5. fingers

6. leg

7. ~~hands~~  
toes

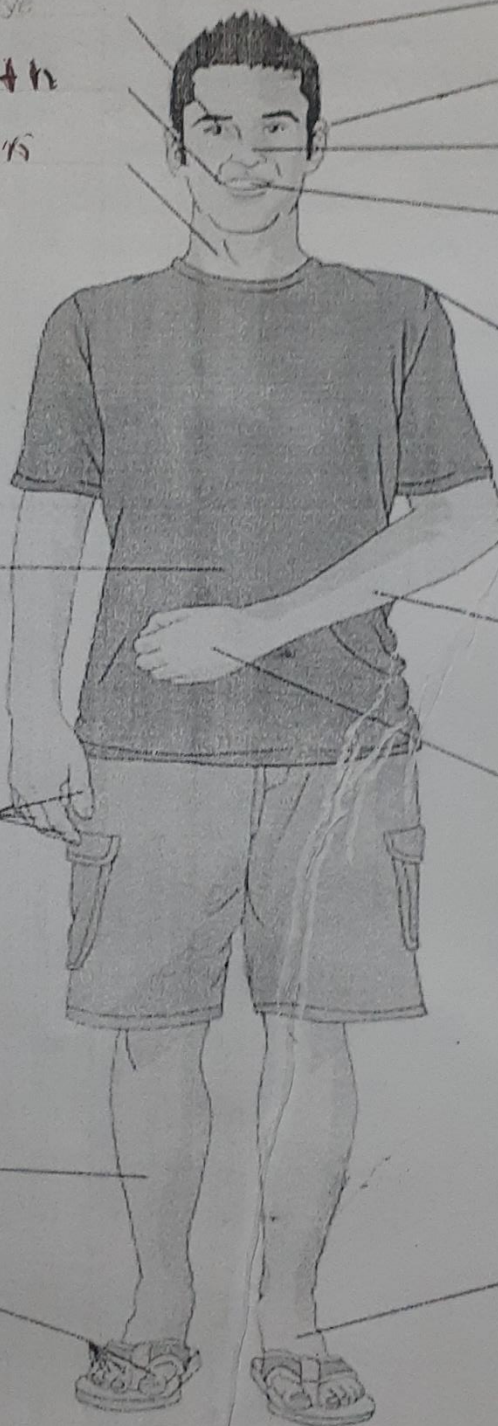
12. ~~arm~~ shoulder

13. elbow

14. arm

15. hand

16. foot



Write two pieces of advice for each problem.

1. I have a sore throat.
2. I have a toothache.
3. I have a cough.
4. I have a cold.
5. I have a stomachache.
6. I have a headache.
7. I have the flu.
8. I have a fever.

Don't go to work today. Drink some chamomile tea.

take some pills. Don't eat much  
 Wear a scarf. Don't eat spicy food  
 take some pills. Don't go to the snow  
 take some pills. Don't eat spicy food  
 take a aspirin, ~~Don't~~ Drink chamomile tea  
 Don't drink alcohol. Drink spearmint tea  
 take some pills. Don't take hot showers

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
get the flu	<input checked="" type="checkbox"/>	<input 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 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. I often get the flu
2. I sometimes stay up late
3. I hardly ever get a fever
4. I sometimes get a cold

**ANA:** when you have fever, I have to do the following

**EDUARDO:** Thake two pills every 12 hours, Don't take hot showers or drink hot tea, don't drink alcohol and take some rest