

Name: _____ ()

Class: _____ Date: _____



Choose and write.

cold
sore throat

cough
stomachache

fever
toothache

headache
flu

1



2



3



4



5



6



7



8



1 a _____

2 a _____

3 a _____

4 a _____

5 a _____

6 the _____

7 a _____

8 a _____