

Name: _____ ()

Class: _____ Date: _____



Choose and write. **ANSWER**

cold cough fever headache
sore throat stomachache toothache flu

1



2



3



4



5



6



7



8



1 a fever _____

2 a stomachache _____

3 a cough _____

4 a toothache _____

5 a sore throat _____

6 the flu _____

7 a headache _____

8 a cold _____