

ILLNESSES



1. I have a sore throat.
2. I have a flu.
3. I have a cold.
4. I have a toothache.
5. I have cut my finger.
6. I have a headache.
7. I have an earache.
8. I have a rash.
9. I have a stomach ache.
10. I have a swollen ankle.
11. I have a temperature.
12. I have a cough.
13. I have sprained my wrist.
14. I have burnt my hand.
15. I have a pain in my chest.
16. I have a backache.
17. I have a broken arm.
18. I have lost my voice.
19. My knee hurts.
20. I feel sick.
21. I have sprained my wrist.
22. I have a black eye.

My name is..... I'm in class.....
 Date: