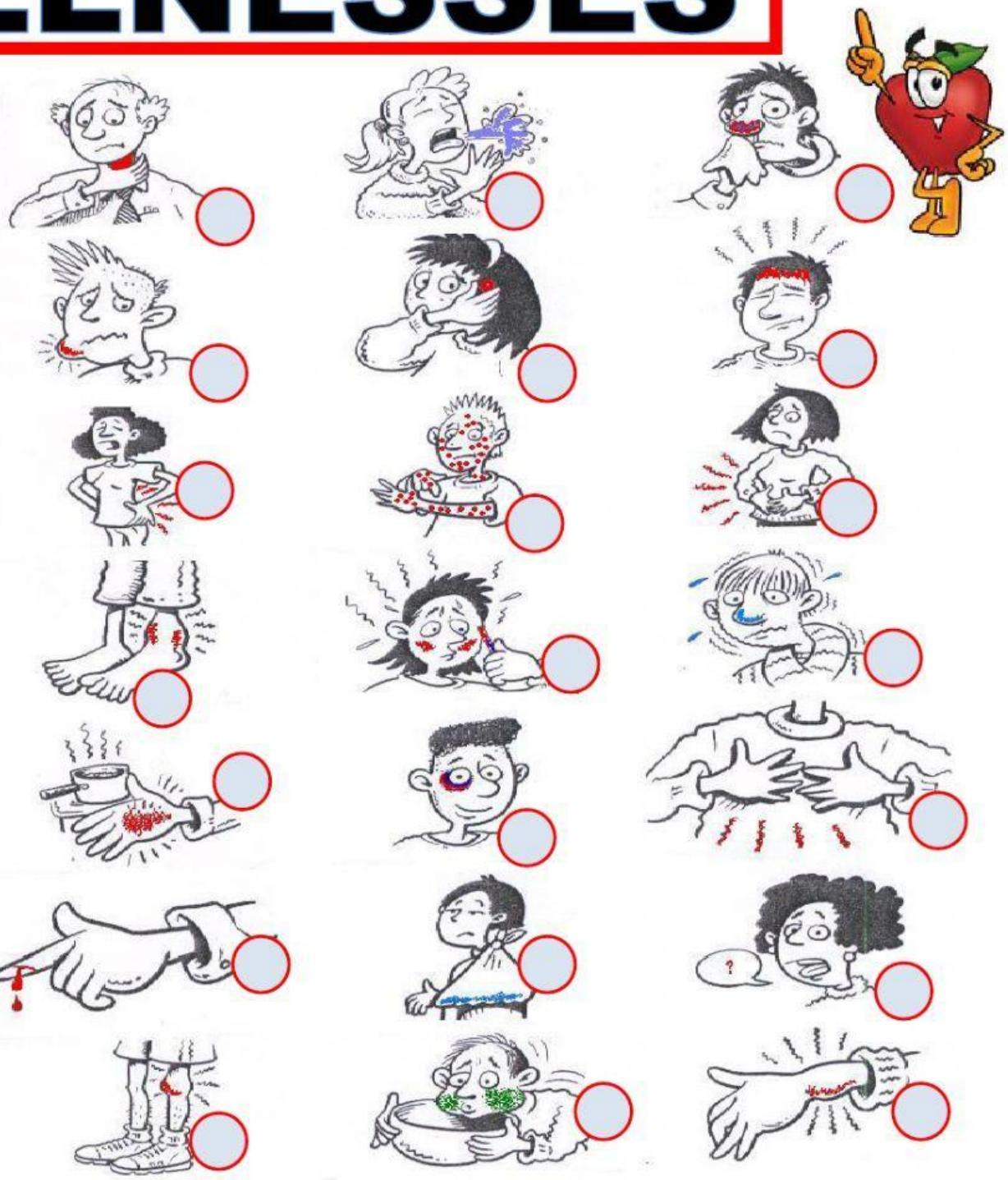
ILLNESSES



1. I have a sore throat. 2. 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: . ……

LIVEWORKSHEETS