

NAME _____ CLASS _____ No. _____
Date: _____ Teacher _____

10 Minutes

A. Write the words in the box below under the corresponding picture.

*headache • runny nose • cough • backache • sunburn • bruise
toothache • sore throat • fever • cut • sprained ankle • stomachache*



1. _____



2. _____



3. _____



4. _____



5. _____



6. _____



7. _____



8. _____



9. _____



10. _____



11. _____



12. _____