

Name:		Date:	
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Describe my symptoms

Theme: **Healthy Living**

Instructions: Look at the symptoms pictures. Click the microphone to speak the sentences.

	I _____ My _____		I _____ My _____
	I _____ I _____		I _____ My _____
	I _____ My _____		I _____ My _____
	I _____ My _____		I _____ I _____ My _____