Match what happened with the results. Write the numbers in the boxes.

What happened	Result
1) I hit my head on the door	☐ I have diarrhea
2) I had a car accident	☐ I have a toothache
3) I am seasick. I need to go to the restroom	☐ I have a fever
4) I ate something and got a reaction on my skin.	☐ I have the measles
5) I slipped in the stairs and landed on my foot	☐ I have blisters
6) I keep sneezing. My nose is runny and I cough	☐ I have a rash
7) My cheek is swollen and my tooth hurts	☐ I am dizzy
8) I fell on my hand while playing tennis	☐ I'm vomiting
9) I ate something damaged or rotten	☐ I cut my finger
10) I get a sharp pain in my back when I bend or twist my body	☐ I have a concussion
11) I feel ill, I can't stand up. Everything is spinning	☐ I have a sunburn
12) My new shoes hurt my feet yesterday	☐ I have a big bump
13) My body feels very hot and I'm thirsty. Temperature 38C	☐ I have a sprained ankle
14) I was ironing and got distracted	☐ I have the flu
15) Your new knife was really sharp	☐ I have a sprained wrist
16) I can't breathe easily through my nose. It feels blocked	☐ I have a backache
17) My body aches and I have a fever, spots and a rash	☐ I have a stuffy nose
18) I was fighting with my brother; he hit me on the eye	☐ I have an insect bite
19) My face skin is bumpy, I don't like it	☐ I have a burnt hand
20) I was fishing and there were lots of insects	☐ I have a blackeye
21) I fell asleep at the beach and now my body aches	☐ I have stomachaches

LIVEWORKSHEETS