MEDICAL TREATMENT

- Listen and label.

1	2	3	4
5	6	7	8
9	10	11	12

THERMOMETER	TISSUE PAPER	X-RAY
BED REST	CRUTCHES	A BAND-AID
SYRUP	A CAST	PILLS
DROPS	AN INJECTION	OINTMENT

LIVEWORKSHEETS

- **Read and write the medical treatment for each one.**

If I have **FEVER**. I need ____	If I have a **HEADACHE**. I need ____
If I have a **COUGH**. I need ____	If I have **RUNNY NOSE**. I need ____
If I have a **BROKEN ARM**. I need ____	If I have a **STOMACHACHE**. I need ____
If I have a **TOOTHACHE**. I need ____	If I feel **DIZZY**. I need ____
If I have a **SORE THROAT**. I need ____	If I have a **BROKEN LEG**. I need ____
If I have a **CUT**. I need ____	If I have an **EARACHE**. I need ____

LIVEWORKSHEETS