

HEALTH PROBLEMS

Check the correct answer:

| | | | |
|--|--|---|---|
| | | | |
| <input type="checkbox"/> headache <input type="checkbox"/> measles <input type="checkbox"/> broken arm | <input type="checkbox"/> sneeze <input type="checkbox"/> dizzy <input type="checkbox"/> cold | <input type="checkbox"/> headache <input type="checkbox"/> stomachache <input type="checkbox"/> sore throat | <input type="checkbox"/> flu <input type="checkbox"/> fever <input type="checkbox"/> cough |
| | | | |
| <input type="checkbox"/> toothache <input type="checkbox"/> fever <input type="checkbox"/> measles | <input type="checkbox"/> dizzy <input type="checkbox"/> broken leg <input type="checkbox"/> cold | <input type="checkbox"/> itch <input type="checkbox"/> flu <input type="checkbox"/> sneeze | <input type="checkbox"/> toothache <input type="checkbox"/> sunburn <input type="checkbox"/> headache |
| | | | |
| <input type="checkbox"/> itch <input type="checkbox"/> broken arm <input type="checkbox"/> fever | <input type="checkbox"/> stomachache <input type="checkbox"/> itch <input type="checkbox"/> cold | <input type="checkbox"/> measles <input type="checkbox"/> toothache <input type="checkbox"/> sore throat | <input type="checkbox"/> cough <input type="checkbox"/> broken leg <input type="checkbox"/> toothache |
| | | | |
| <input type="checkbox"/> cough <input type="checkbox"/> backache <input type="checkbox"/> asthma | <input type="checkbox"/> itch <input type="checkbox"/> stomachache <input type="checkbox"/> sneeze | <input type="checkbox"/> headache <input type="checkbox"/> backache <input type="checkbox"/> earache | <input type="checkbox"/> asthma <input type="checkbox"/> broken leg <input type="checkbox"/> backache |