Name: _____ **Date:** _____

Match the minor symptoms with the correct medicine.

I have a headache.

You should take cough syrup.

I have an eye infection.

I have an allergy.

You should use nasal spray.

I have a stuffy nose.

You should use eye drops.

I have a cough.

You should take if you have a red rash, iching, sneezing etc

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