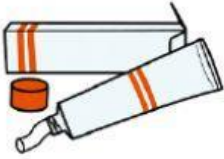


MEDICAL TREATMENT



- 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

- 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