

Name:		Date:	
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## Describe my symptoms

Theme: **Healthy Living**

**Instructions:** Look at the symptoms pictures. Click the microphone to speak the sentences.

	<p>I _____ My _____</p>		<p>I _____ My _____</p>
	<p>I _____ I _____</p>		<p>I _____ My _____</p>
	<p>I _____ My _____</p>		<p>I _____ My _____</p>
	<p>I _____ My _____</p>		<p>I _____ I _____ My _____</p>