

My name is: _____

WORKSHEET

Date:		Teacher's feedbacks
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Task 1: Fill in the gaps with **should / **shouldn't****

1. You _____ drink lots of water every day.
2. If you have a fever, you _____ stay in bed and rest.
3. You _____ eat too much candy if you have a stomachache.
4. If you have a sore throat, you _____ eat ice cream.
5. You _____ wash your hands before meals.
6. We _____ stay up too late every night.
7. If you feel dizzy, you _____ sit down and rest.
8. You _____ eat more vegetables to stay healthy.
9. You _____ drink soda all the time.
10. If you have a cut, you _____ clean it and use a band-aid.

Task 2: Answer the question about yourself (Tự trả lời câu hỏi về bản thân mình)

1. What should you do if you feel dizzy?
→ _____
2. What shouldn't you do if you have a sore throat?
→ _____
3. What shouldn't you do if you have a stomachache?
→ _____

Task 3: Read and write

1. I have a bad _____. I can't stop coughing.
2. My sister has a high _____ and needs to stay in bed.
3. I got a _____ from playing football and falling.
4. He feels _____ after spinning around too fast.
5. I can't eat anything because I feel _____.
6. She has a terrible _____. She says her head hurts.
7. I have a _____ and my voice sounds funny.
8. After playing outside without sunscreen, I got _____.
9. I keep using tissues because of my _____.
10. That food was bad. Now I have _____.
11. I have small red spots on my arm. Maybe it's a _____.
12. My mom gave me some _____ to help me feel better.
13. I twisted my foot while running. It's a _____.
14. The doctor gave me an _____ in my arm.
15. I have a _____ from carrying heavy bags all day.
16. These new shoes gave me painful _____ on my heels.
17. My little brother ate too much candy and got a _____.

headache – fever – cough – sore throat – runny nose – backache
– stomachache – rash – nausea – dizzy – diarrhea – sprained
ankle – bruise – blisters – sunburn – injection – medicine