









Name: _____

Date: _____

Talk about your signs and symptoms 2

Describe each symptom with appropriate sentences.

	
I have a fever. I feel warm. I feel feverish.	I have a toothache. I have a pain in my teeth.
	
I have a backache. I have a back pain. My back aches.	I have a headache. My head hurts.
	
My stomach hurts. I have a stomach ache.	I have a bruise on my eye. My eye is bruised. My eyes are bruised.
	
I cough. I have a cough.	My throat hurts. I have a sore throat. My throat is sore.
	
I feel dizzy. I am dizzy.	I have an earache. My ear hurts.
	
I am drowsy. I am fatigued. I have a fatigue.	I am nauseous. I have a nausea.