

A IDENTIFYING PARTS OF THE FACE & BODY

Choose the correct answer.

Example:



- (A) arm
- (B) foot
- (C) hand
- (D) toe



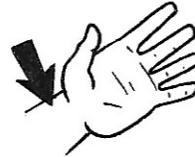
1. (A) ears
(B) fingers
(C) toes
(D) lips



2. (A) wrist
(B) ankle
(C) elbow
(D) arm



3. (A) beard
(B) mustache
(C) eyebrow
(D) eyelash



4. (A) wrist
(B) shoulder
(C) ankle
(D) elbow



5. (A) hip
(B) leg
(C) shoulder
(D) thigh

B COMMON SYMPTOMS

Choose the correct answer.

6. My temperature is 102° F. I have _____.

- (A) a sweater
- (B) an oven
- (C) high blood pressure
- (D) a fever

9. That music was loud! I have _____.

- (A) a stiff back
- (B) a cold
- (C) a head
- (D) an earache

7. Timmy needs a tissue. He has _____.

- (A) a runny nose
- (B) a sore throat
- (C) a backache
- (D) a fever

10. I sang all day. Now I have _____.

- (A) a backache
- (B) an earache
- (C) a sore throat
- (D) a sprained ankle

8. Carla ate too much candy. Now she has _____.

- (A) an earache
- (B) a toothache
- (C) a cold
- (D) a runny nose

11. I think I have a cold. I have a bad _____.

- (A) sneeze
- (B) cough
- (C) throat
- (D) nose

1 (A) (B) (C) (D)

4 (A) (B) (C) (D)

7 (A) (B) (C) (D)

10 (A) (B) (C) (D)

2 (A) (B) (C) (D)

5 (A) (B) (C) (D)

8 (A) (B) (C) (D)

11 (A) (B) (C) (D)

3 (A) (B) (C) (D)

6 (A) (B) (C) (D)

9 (A) (B) (C) (D)

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C GRAMMAR IN CONTEXT: Calling to Report an Absence; Making a Doctor Appointment

Choose the correct answer to complete the conversations.

Woodlawn Elementary School.

13. _____ class is he in?

(A) Which
(B) Who
(C) Where
(D) When

12. Hello. This is Amy Long. My son, Paul, _____ absent today because _____ sick.

(A) will ... he's
(B) will be ... he's
(C) won't be ... he
(D) can't ... he

He's in Mr. Wilson's 4th grade class.

Doctor's office.

15. _____ the matter?

(A) How's
(B) Why's
(C) Where's
(D) What's

14. Hello. This is Alicia Flores. I don't _____ well.

(A) sick (C) feel
(B) healthy (D) feeling

I have a very bad stomachache.

16. Do you want to make _____?

(A) medicine
(B) see the doctor
(C) a reservation
(D) an appointment

Yes, please.

17. _____ tomorrow at 2 PM?

(A) Can you come in
(B) Can you go
(C) Are you sick
(D) Is the doctor here

2 PM? Yes. Thank you.

D PROCEDURES DURING A MEDICAL EXAM

18. The nurse took my blood _____.
(A) pulse (C) pressure
(B) weight (D) temperature
19. The doctor listened to my heart with _____.
(A) a scale (C) an X-ray
(B) a stethoscope (D) a headphone
20. He measured my _____ on the scale.
(A) wait (C) weight
(B) waist (D) pulse
21. She _____ my eyes, ears, nose, and throat.
(A) took (C) measured
(B) listened to (D) examined

12 (A) (B) ~~(C)~~ (D)

13 ~~(A)~~ (B) (C) (D)

14 (A) (B) ~~(C)~~ (D)

15 (A) (B) (C) ~~(D)~~

16 (A) (B) (C) ~~(D)~~

17 ~~(A)~~ (B) (C) (D)

18 (A) (B) (C) ~~(D)~~

19 (A) (B) ~~(C)~~ (D)

20 (A) (B) ~~(C)~~ (D)

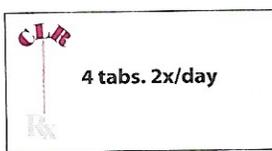
21 (A) (B) (C) ~~(D)~~

E COMMON PRESCRIPTION & NON-PRESCRIPTION MEDICATIONS

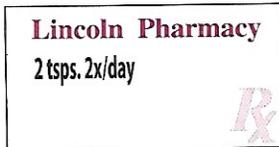
22. The doctor recommended _____ for the rash on my arm.
 (A) anti-itch cream
 (B) throat lozenges
 (C) cough syrup
 (D) antacid tablets
23. I'm taking _____ for my upset stomach.
 (A) cough syrup
 (B) antacid tablets
 (C) throat lozenges
 (D) aspirin
24. The doctor gave me a prescription for _____ for my throat infection.
 (A) vitamins
 (B) cold medicine
 (C) ear drops
 (D) penicillin
25. I sneeze and cough every spring, so the clinic gives me a prescription for _____.
 (A) throat lozenges
 (B) cough syrup
 (C) allergy medication
 (D) cold medicine

F READING: Medicine Label Dosages

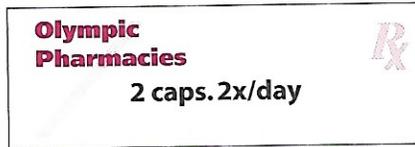
Choose the correct medicine label for each instruction.



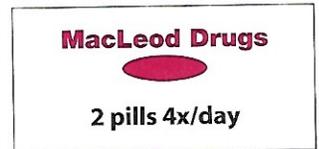
A



B



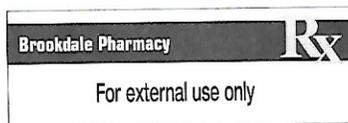
C



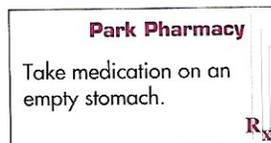
D

26. Take two pills four times a day.
 (A) (B) (C) (D)
27. Take two teaspoons two times a day.
 (A) (B) (C) (D)
28. Twice a day take four tablets.
 (A) (B) (C) (D)
29. Take two capsules twice a day.
 (A) (B) (C) (D)

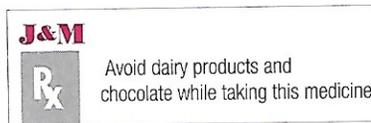
G READING: Medicine Label Instructions



A



B



C



D

30. Do not drink milk or other milk products.
 (A) (B) (C) (D)
31. Do not eat or drink this medicine.
 (A) (B) (C) (D)
32. Take 1 hour before or 2-3 hours after you eat.
 (A) (B) (C) (D)
33. Even if you feel better, don't stop taking this medicine.
 (A) (B) (C) (D)

22. A B C D

25. A B C D

28. A B C D

31. A B C D

23. A B C D

26. A B C D

29. A B C D

32. A B C D

24. A B C D

27. A B C D

30. A B C D

33. A B C D

H CLOZE READING: A Note to the Teacher

Deer Dare Dear Mr. Harper,
 (A) (B) (C)

My daughter, Jenny, was present absent not³⁴ from school yesterday
 (A) (B) (C)

reason because for³⁵ she had a very full good bad³⁶ stomachache and I took
 (A) (B) (C) (A) (B) (C)

her him it³⁷ to the doctor.
 (A) (B) (C)

Sincerely,
 Barbara Taylor

I LISTENING ASSESSMENT: Making a Doctor Appointment

Read and listen to the questions. Then listen to the conversation and answer the questions.

38. When did she hurt her back? (A) Today. (B) Yesterday. (C) Last Tuesday. (D) Last Thursday.
39. Where did she hurt it? (A) At home. (B) At the clinic. (C) On the telephone. (D) On the job.
40. What time does she have to be at the clinic? (A) 7:15 AM. (B) 7:30 AM. (C) 7:45 AM. (D) 7:30 PM.

J WRITING ASSESSMENT: Fill Out the Medical History Form

MEDICAL HISTORY								
Name	Gabriel	Martinez	Date of Birth	03 / 05 / 1979				
	First	M. I.	Last	Month	Day	Year		
Address	Street 3 C-05		Arroyo	PR	00784			
	Number Street		City	State	Zip Code			
Telephone: Home	787-215 0691		Work	78 7754 5353		Height	5'10" Weight 225	
	Home		Work	Work		Height	Weight	
Emergency Contact: Name	Gloria Sostre		Relationship	Wife		Telephone	787383 3912	
	Name		Relationship	Relationship		Telephone	Telephone	
Do you have:	YES	NO	allergies?	YES	NO	other problems?	YES	NO
heart disease?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	allergies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	other problems?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
kidney disease?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	headaches?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Do you smoke?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
high blood pressure?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	trouble sleeping?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Do you drink?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
diabetes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	trouble eating?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Are you taking medicine now?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If you answered Yes above, explain: <u>I take medication for sinusitis</u>								

K SPEAKING ASSESSMENT

I can ask and answer these questions:

Ask Answer

- How do you feel?
 When was your last appointment at a clinic or doctor's office?

Ask Answer

- Are you taking any medicine now?
 Is there any history of medical problems in your family? Explain.

34 (A) (B) (C) (D)

36 (A) (B) (C) (D)

38 (A) (B) (C) (D)

40 (A) (B) (C) (D)

T50 35 (A) (B) (C) (D)

37 (A) (B) (C) (D)

39 (A) (B) (C) (D)

