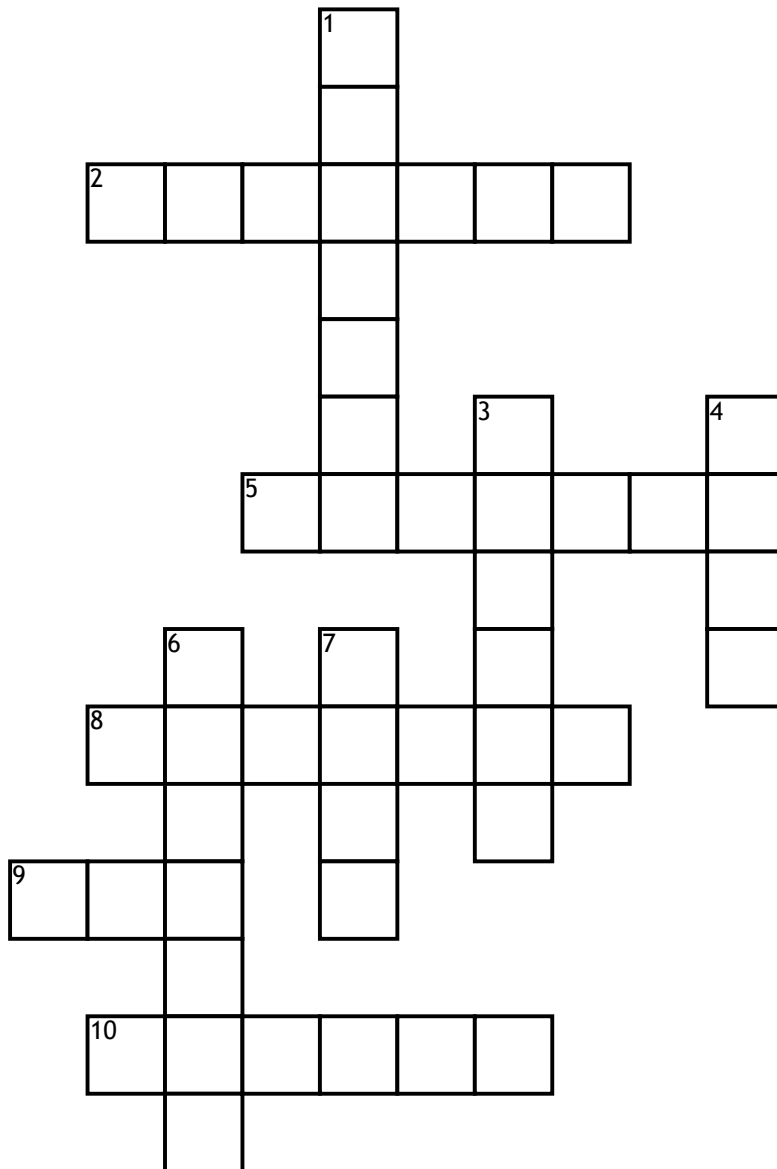


Name: \_\_\_\_\_

Date: \_\_\_\_\_

# At the doctor's



## Across

2. Estoy \_\_\_\_\_ (I am ill)

5. Me he torcido el \_\_\_\_\_ (I have twisted my ankle)

8. Tengo \_\_\_\_\_ (I have a cold)

9. Tengo \_\_\_\_\_ (I have a cough)

10. Tengo dolor de \_\_\_\_\_ (I have a headache)

## Down

1. Me he \_\_\_\_\_ (I have burnt my)

3. Tengo \_\_\_\_\_ (I have a fever)

4. Me he \_\_\_\_\_ (I have broken)

6. Tengo \_\_\_\_\_ (I feel sick)

7. Me he hecho \_\_\_\_\_ en (I have hurt my)