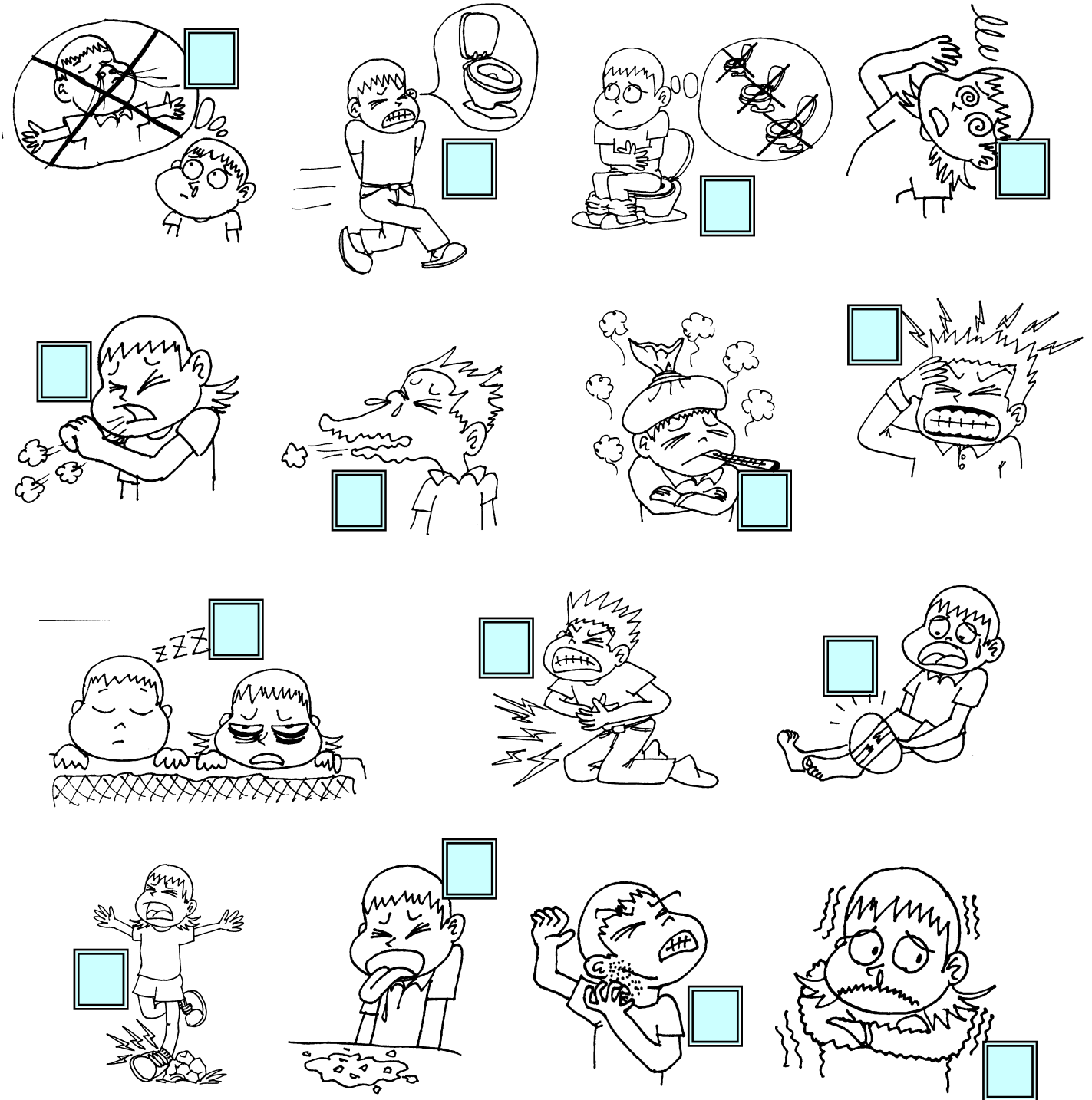






# You don't look well



1	Can't sleep	2	Ichy	3	Have a fever
4	Feel dizzy	5	Have a headache	6	Have a stomachache
7	Have diarrhea	8	Have a cough	9	Have a sprain
10	Vomit	11	Cold	12	Sneezing
13	Have constipation	14	Have a broken bone	15	Have a blocked nose

Name \_\_\_\_\_ Date \_\_\_\_\_



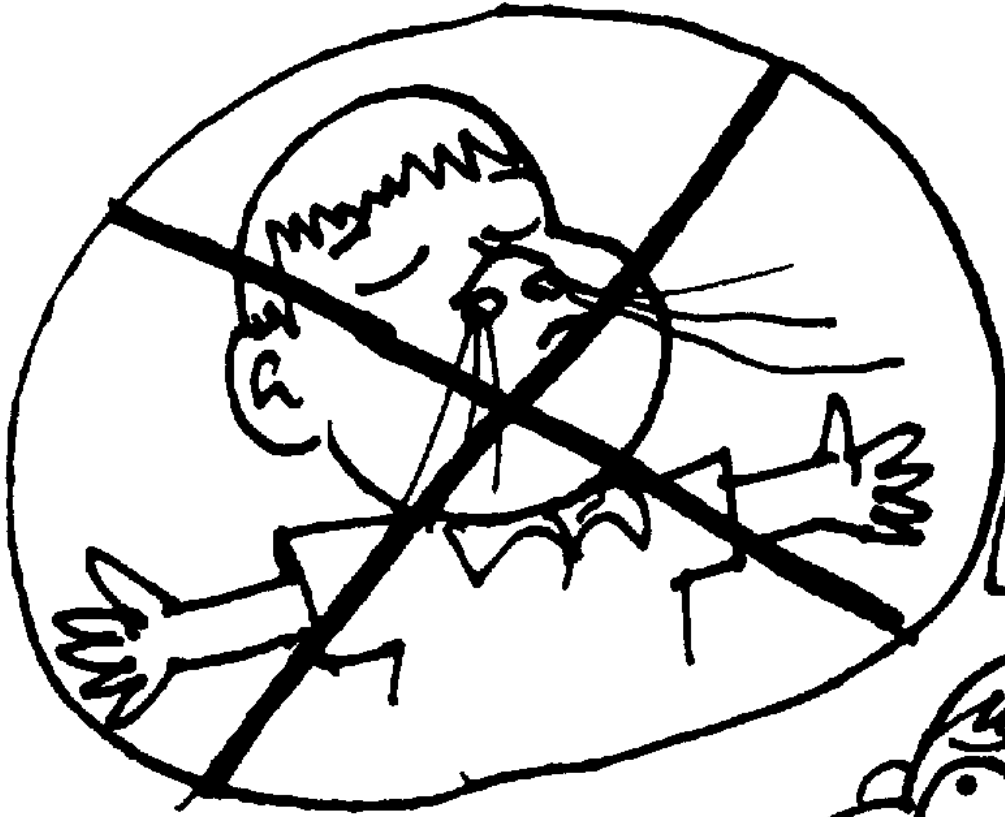


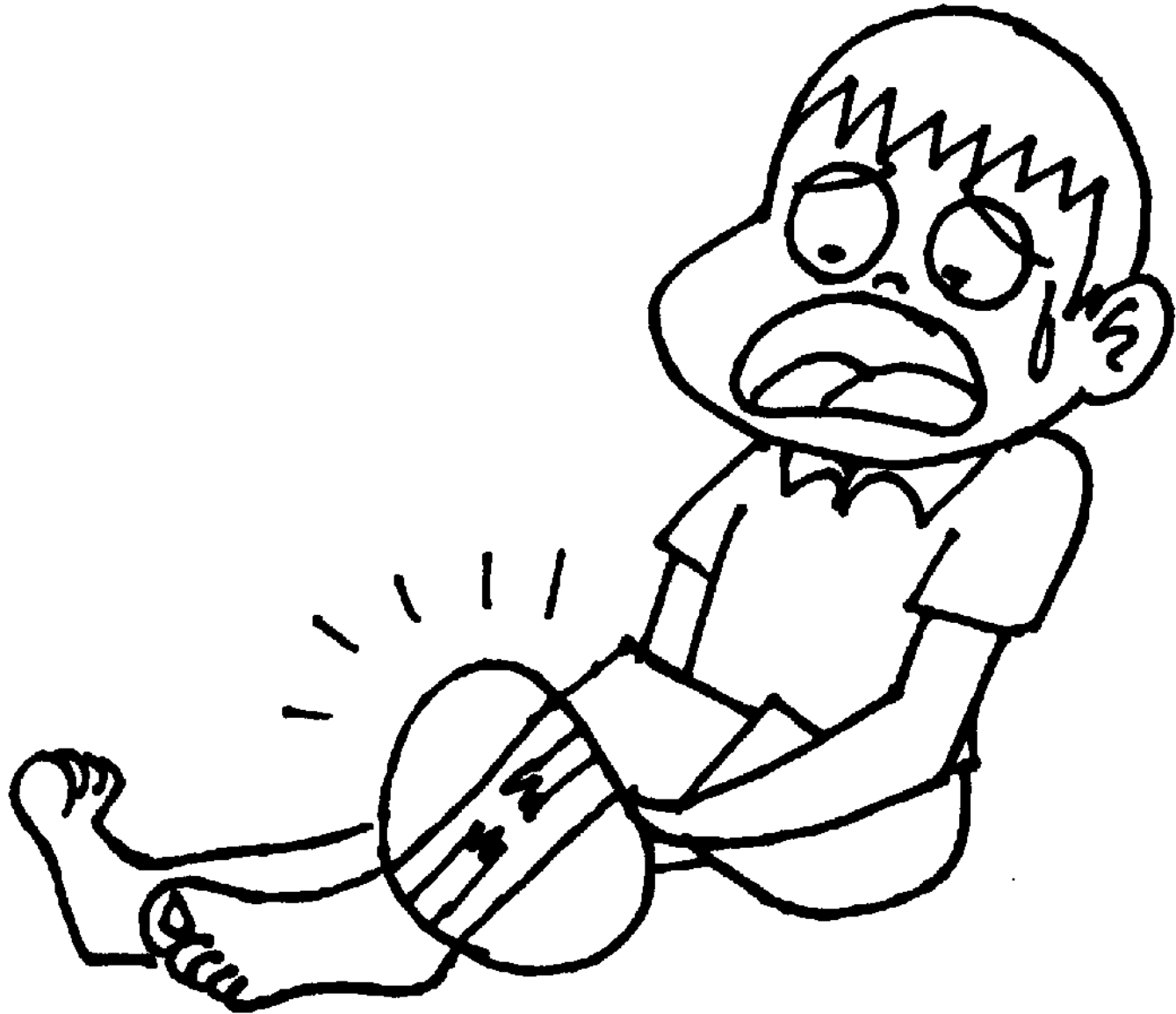












zzz

