

Health & Safety

Exercise 1

COMPLETE THE QUESTIONS

Listen to the recording. Complete the questions.

Ex. How are you _____ *feeling* _____ today?

1. Do you have your _____ card?
2. What's _____ you?
3. How long have you _____ this way?
4. Are you taking any _____ ?
5. Do you have a drug _____ ?
6. Do you have any _____ ?
7. Where does it _____ ?
8. How did it _____ ?
9. Is there any family _____ of cancer?
10. Are your _____ up to date?



Exercise 2

CHOOSE THE CORRECT RESPONSE

Listen to the recording.

Circle the best response to each question.

1. a) Yes, we are covered.
b) I need to make a plan.
c) I don't plan on it.
2. a) I want a cancer screening.
b) Yes, my sister had breast cancer.
c) No, I don't have cancer.
3. a) No, only vitamins.
b) I need some.
c) Thank you, doctor.
4. a) For about two weeks now.
b) I feel good, thanks.
c) Yes, just a week.
5. a) 7789634
b) Thank you for the form.
c) No, I forgot it at home.
6. a) Around my lower back.
b) That's fine, thank you.
c) No, it hurts a lot.
7. a) Yes, I am.
b) I don't like wheat.
c) Not that I know of.
8. a) It happened on Tuesday.
b) She fell off her bicycle.
c) For about three weeks now.
9. a) Yes, they are.
b) I don't like getting shots.
c) No, I didn't write down the date.
10. a) Off and on.
b) I have a sore neck.
c) Not these days.

Exercise 3

WRITE THE QUESTIONS

Listen to the recording. Write all the questions that you hear.
Then take turns asking a partner the questions. Extend the conversation.

#	Question
Ex	<i>Do you have any allergies?</i>
1	
2	
3	
4	
5	
6	
7	
8	

Student A: Do you have any allergies?

Student B: Yes, I do.

Student A: What are you allergic to?

Student B: I am allergic to nuts.

Teacher Assessment

Student: _____




Resource Used: Health & Safety (Listening Resources, ESL Library)

Theme	Skill Competency	Date Completed	Score / Success	CLB Level
Health	<input type="checkbox"/> I. Interacting with Others <input type="checkbox"/> IV. Comprehending Information			

Exercise	Task	Score / Success / Note
1	listen for vocabulary	
2	listen for information	
3	listen and respond	

Learner Reflection

Add check marks (✓) to show what you've learned in this lesson.

Can I...	Yes (very well) 	Yes (with help) 	Not yet 
understand questions from a doctor, nurse, pharmacist, or medical receptionist?			
ask questions related to health?			
share information about my body and health?			
explain my pain or injury?			

Answer Key

Exercise 1

- | | |
|---------------|--------------|
| 1. health | 6. allergies |
| 2. bothering | 7. hurt |
| 3. felt | 8. happen |
| 4. medication | 9. history |
| 5. plan | 10. shots |

Exercise 2

- | | | | | |
|------|------|------|------|-------|
| 1. a | 3. a | 5. c | 7. c | 9. a |
| 2. b | 4. a | 6. a | 8. b | 10. b |

Transcript:

1. Do you have a drug plan? **drug plan:**
2. Is there any family history of cancer? **insurance, less \$\$**
3. Are you taking any medication? **for drugs**
4. How long have you felt this way? **CHANCES**
5. Do you have your health card?
6. Where does it hurt?
7. Do you have any allergies?
8. How did it happen?
9. Are your shots up to date?
10. What's bothering you?

Exercise 3

Place students in pairs to have follow-up conversations.

Transcript:

- Ex. Do you have any allergies?
1. Do you have a drug plan?
2. Is there any family history of cancer?
3. Are you taking any medication?
4. Do you have a health card?
5. Do you feel any pain in your back?
6. Do you have any allergies?
7. Is anything bothering you?
8. Do you have a family doctor?

Teacher Assessment

Use this assessment tool to record each student's listening abilities.

Learner Reflection

When your students have completed these tasks, have them reflect on their learning by filling in the chart.

ABOUT THE EMOJI:

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