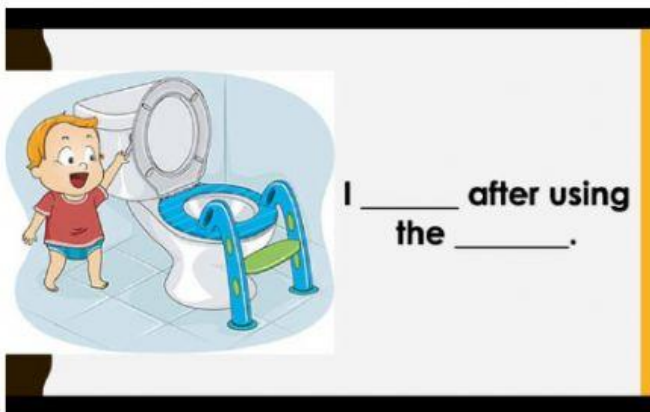
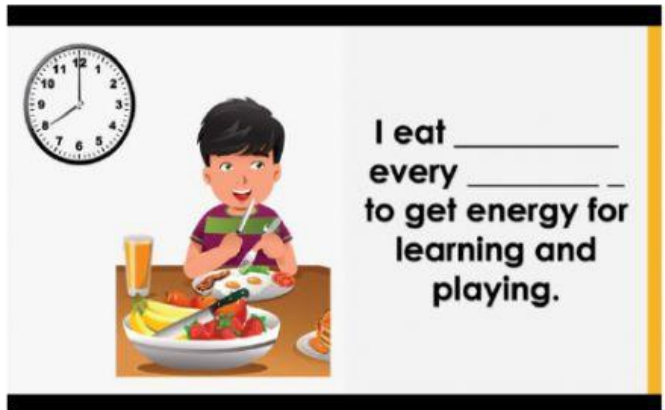
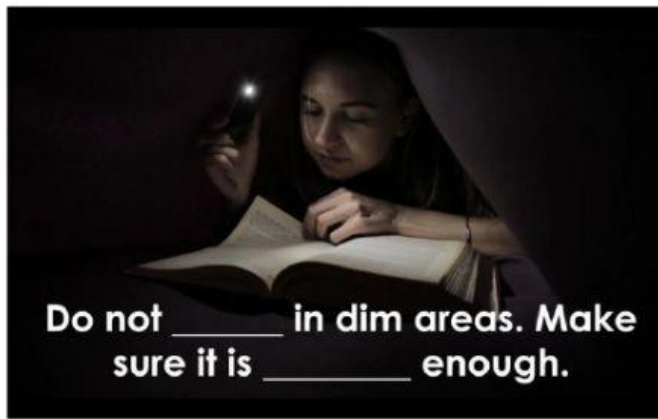
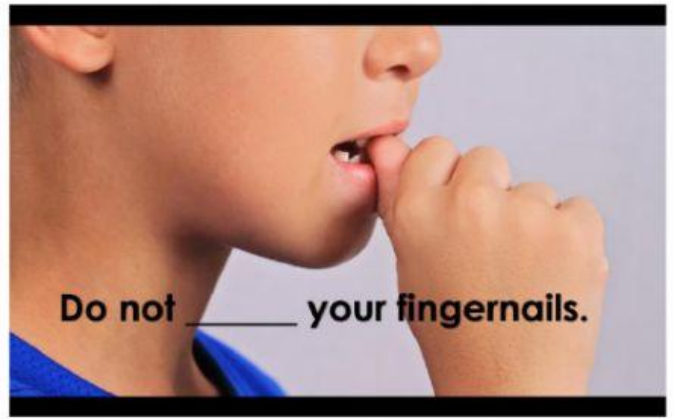


Name: _____ Student Number: _____





Do not _____ in dim areas. Make
sure it is _____ enough.



Do not _____ your fingernails.

| | | | |
|---------|-------|-----------|------|
| teeth | clean | bathe | body |
| wash | hands | breakfast | |
| morning | flush | toilet | nose |
| eyes | read | bright | bite |