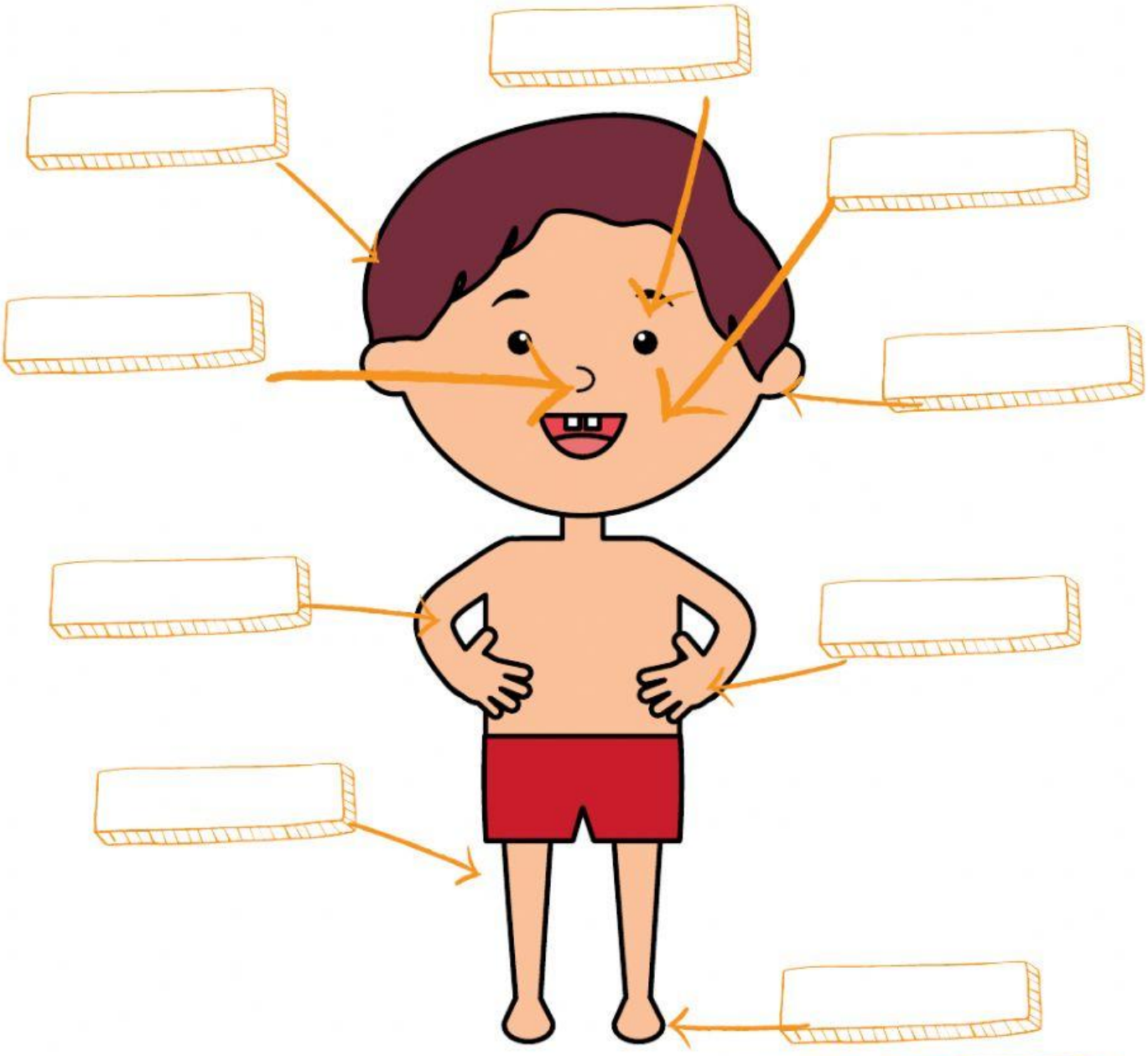
Name | Class: | Date:

MY BODY



arm eye leg ear hair
nose hand foot mouth