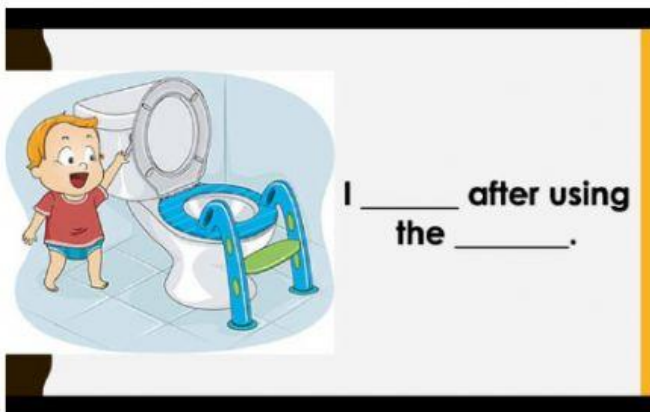
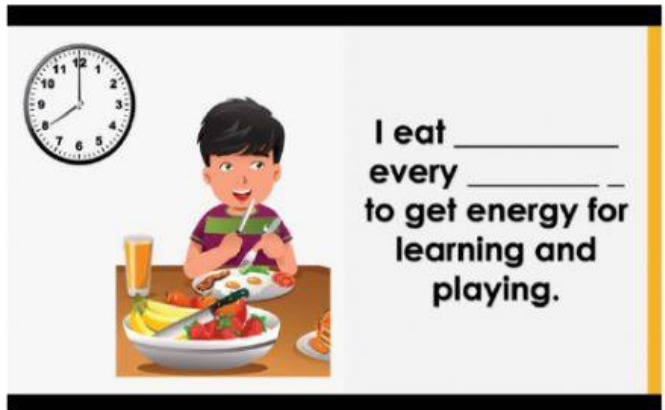
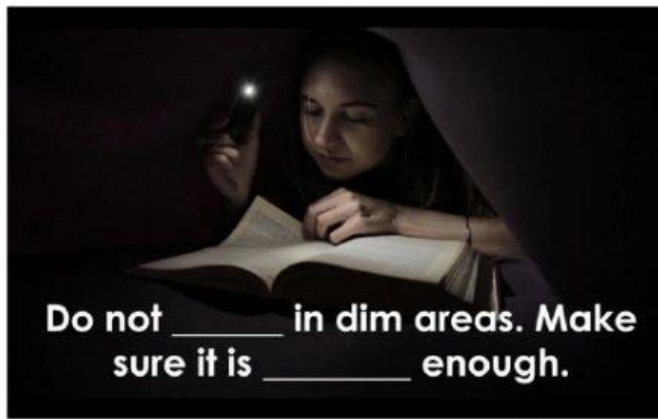
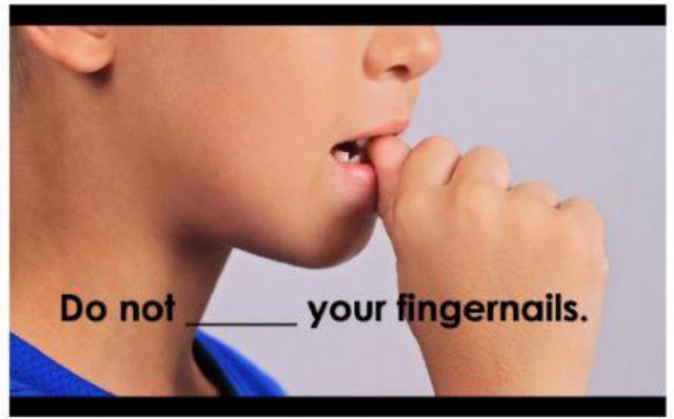


Name: _____ Student Number: _____





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