

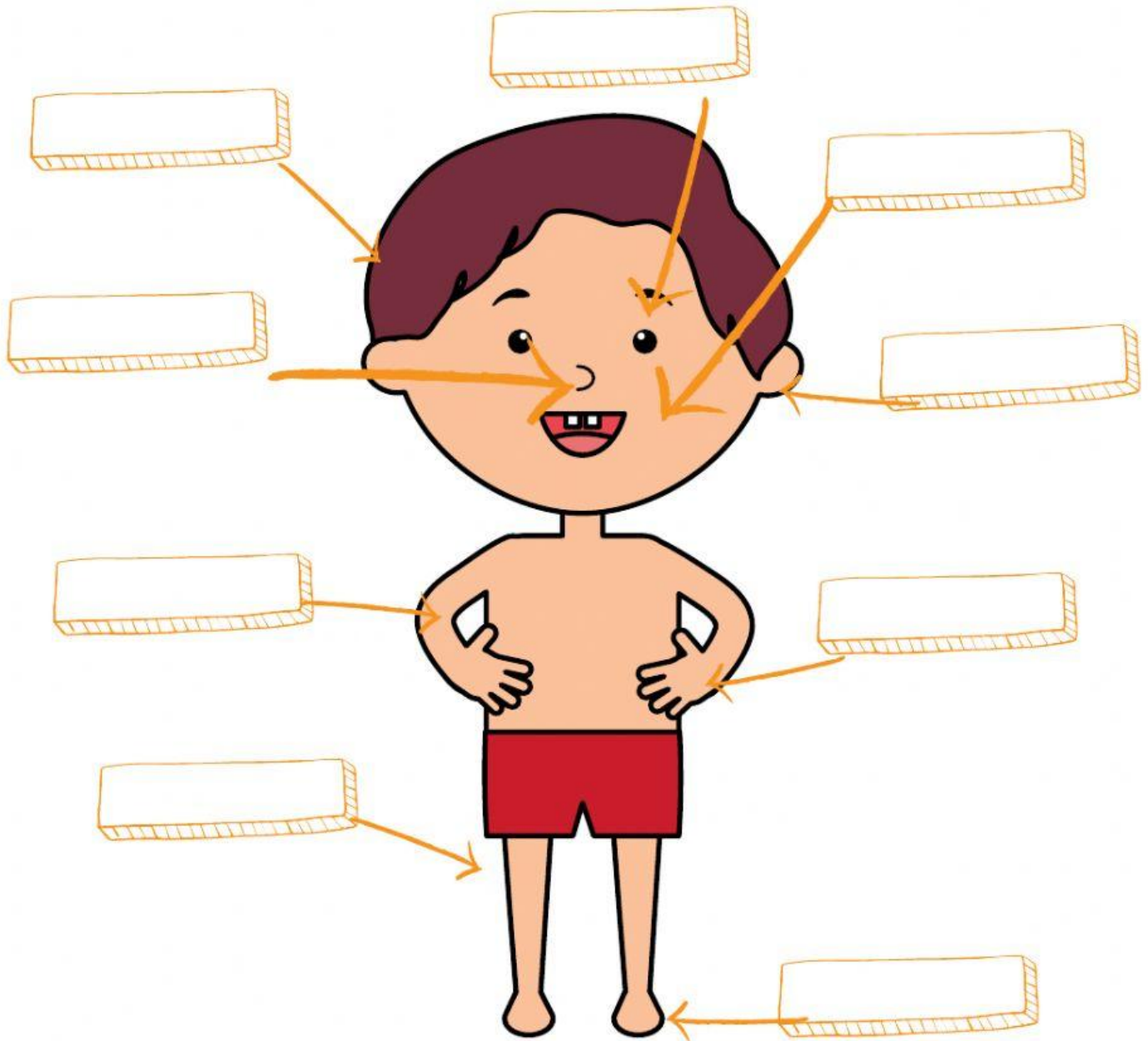
Name

Class:

Date:



MY BODY



arm eye leg ear hair
nose hand foot mouth