

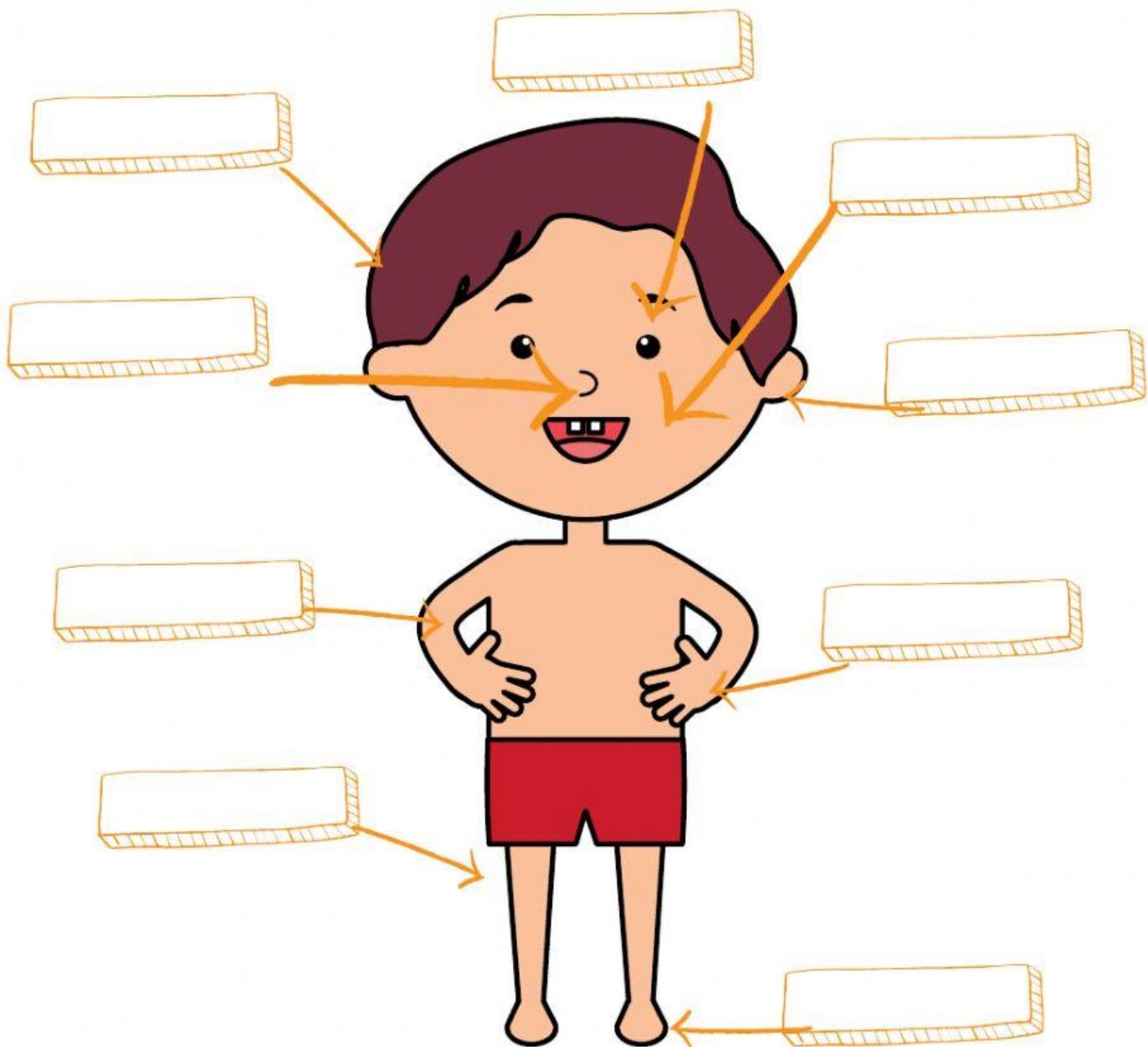
Name: \_\_\_\_\_

Class: \_\_\_\_\_

Date: \_\_\_\_\_



# MY BODY



arm eye leg ear hair  
nose hand foot mouth