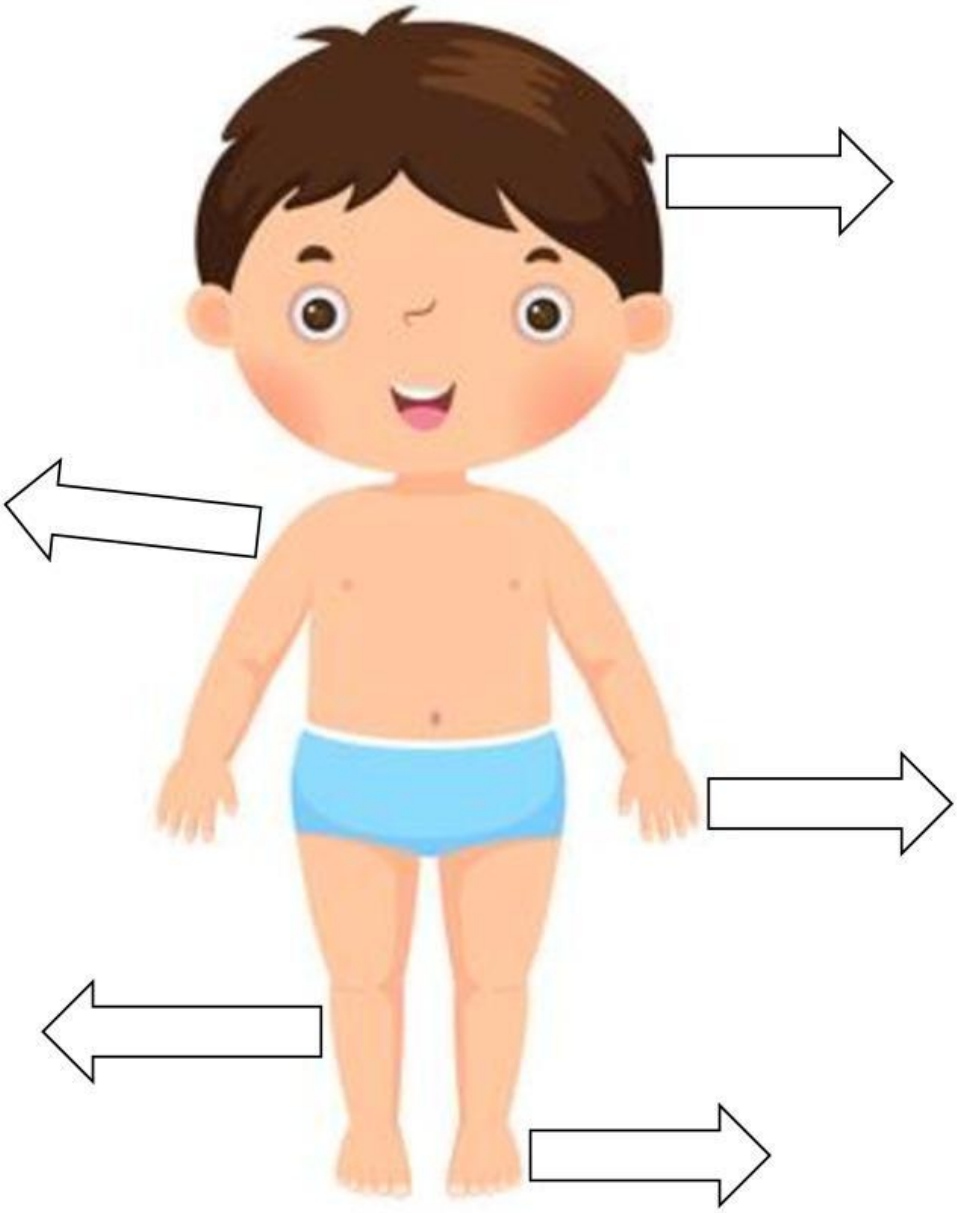
Nombre: _____ Fecha: _____

Grado: _____



Head	Shoulder	Hand	Toe	Knee