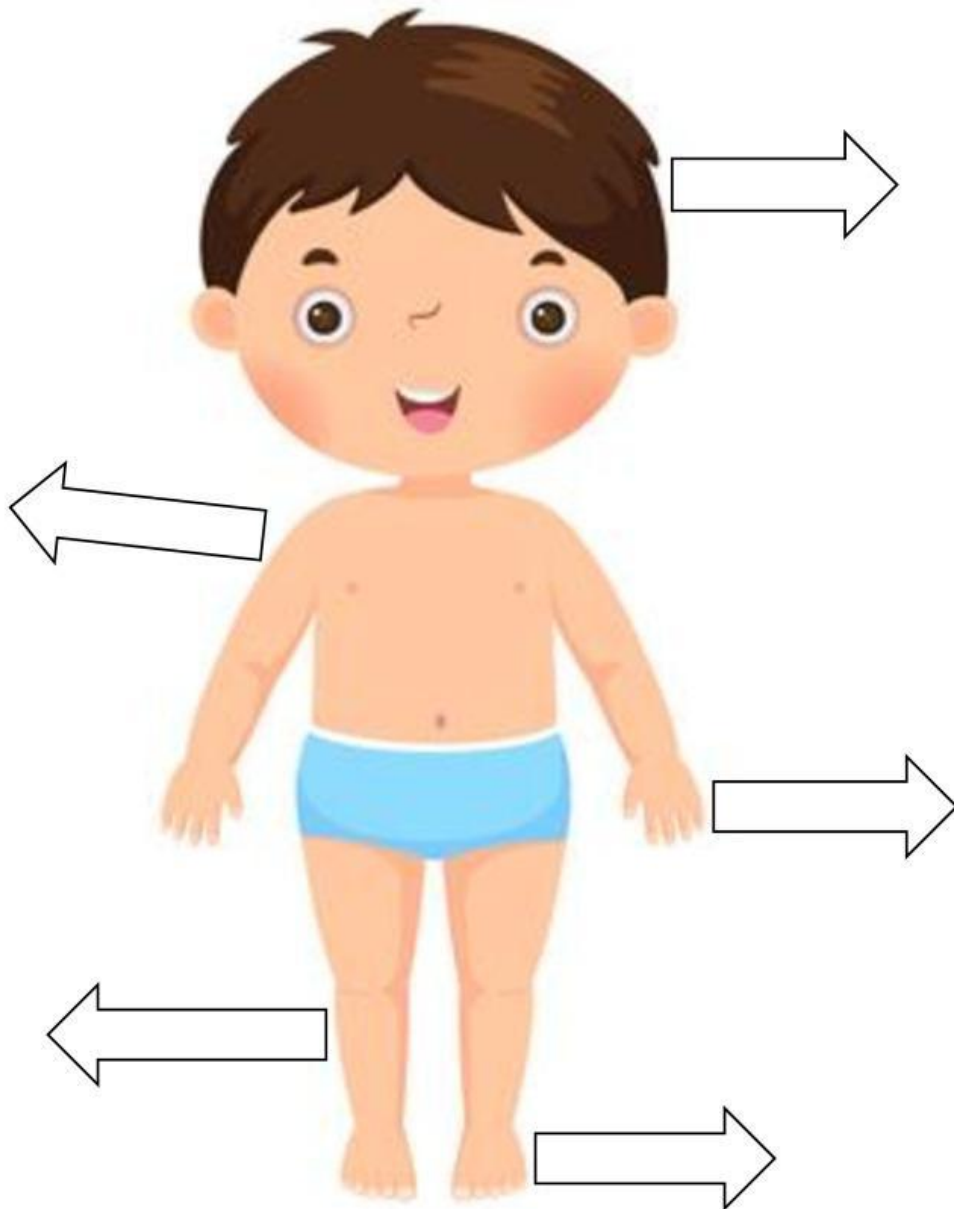


Nombre: \_\_\_\_\_ Fecha: \_\_\_\_\_

Grado: \_\_\_\_\_



Head

Shoulder

Hand

Toe

Knee