Health

Name: _____

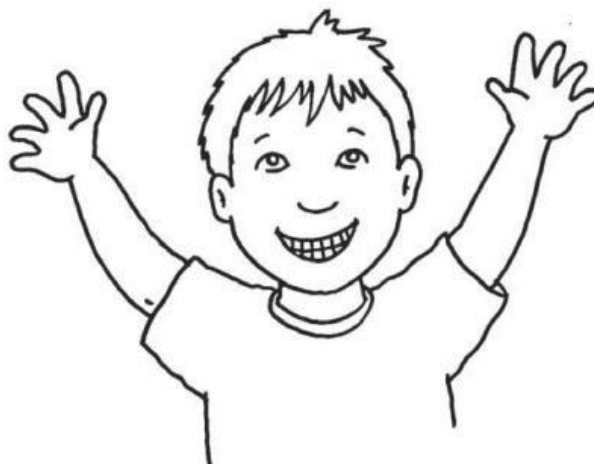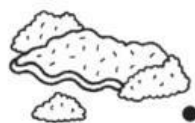### A Match.

B Write.

| eye   toe   finger   nose   ear   hand   mouth |

Everybody Up 1

LIVEWORKSHEETS