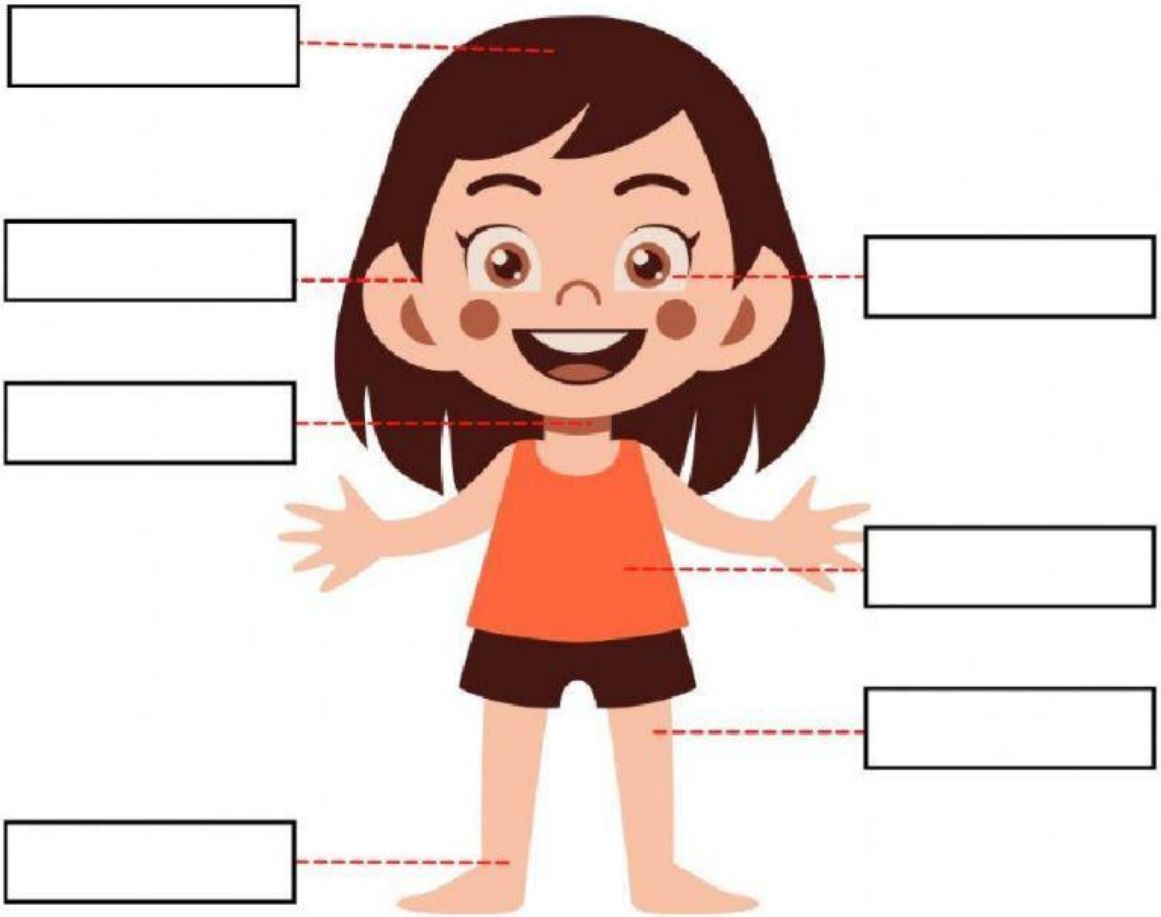
Name: Score:

Class: Date:

My Body

Directions: Choose the correct answer below.
Write in the box.



foot neck ear hair

eye stomach knee

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