

Name: _____

Date: _____

Body

T B T I M C N L S S A I O M Y H A
H I X F U F T L C H Z D D C U C R
R G L C E O X A Q A O H C O U A Q
O M C E R Y Y B S Q B U Y K C M I
A F O L D V D E V O T I L S S O M
T B I H X R E Y E B R O W D Z T R
A D T N L G R E W Z M O N L E S C
A I O S G G G X N H D B F G A R J
Q T N V D E D E A A X O R X P R S
I E G Z U T R T Y N J Y U A H C B
H J U L P L S S Q E K Q J X I J O
X N E E D I Y L F T L L L S U N S
R F B K R C I J H O F A E D C H C
L N F W Y F E L B O W S S S B J A
F J M T S E H C L T P X H H L M L
H S A I Q X T P K H G R R V E X P
K I O W C R A Q A V N T F P I S B

eyelashes

shoulders

eyebrow

eyeball

fingers

stomach

elbows

throat

ankles

tongue

scalp

brain

wrist

tooth

chest