

Name: _____

Date: _____

Body Parts

F M L H A N D V B Z

P N X M H I N K T M

K E E L B O W N F O

N C T O E C N E I U

S K H E A D C E N T

F N O S E P H L G H

O E J G F S E E E I

O A E E T O S G R V

T R P Y B L T Q L F

R S I E O I Y A R M

finger elbow chest mouth hand

knee nose foot neck head

ear toe eye leg arm