

Name: _____

Date: _____

Personal Hygiene

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

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|------------|-----------|----------|----------|----------|
| toothpaste | deodorant | brushing | sneezing | spitting |
| flossing | burping | hygiene | shampoo | washing |
| smelly | shower | toilet | teeth | clean |
| dirty | germs | sweat | feet | soap |
| bath | | | | |