

Name: _____

Date: _____

Personal Hygiene

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

Toothpaste
Mouthwash
Washing
Comb

Shower Gel
Cleaning
Shower
Soap

Toothbrush
Shampoo
Germs
Bath