Name: _____ Date: _____

THE BODY

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

stomach finger elbow mouth knee
back hand foot hair nose
head leg arm ear eye

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