

Name: _____

Date: _____

human body

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

finger

teeth

nose

knee

hair

toes

leg

lip

ear

arm