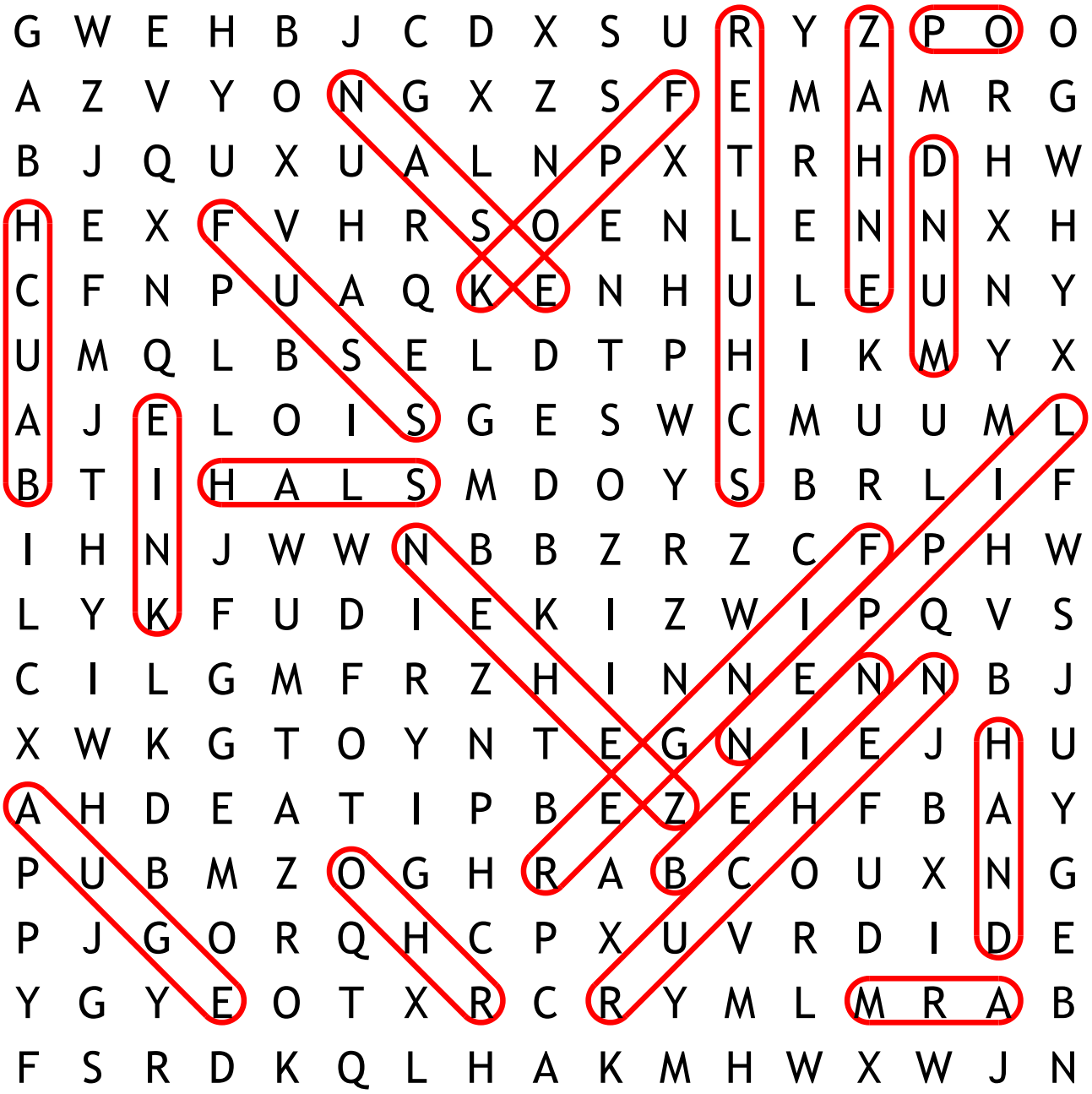
Name: _____ Date: _____

body parts



schulter finger lippen ruchen bauch
zahne zehen auge bein fuss
hals hand knie kopf mund
nase arm ohr po