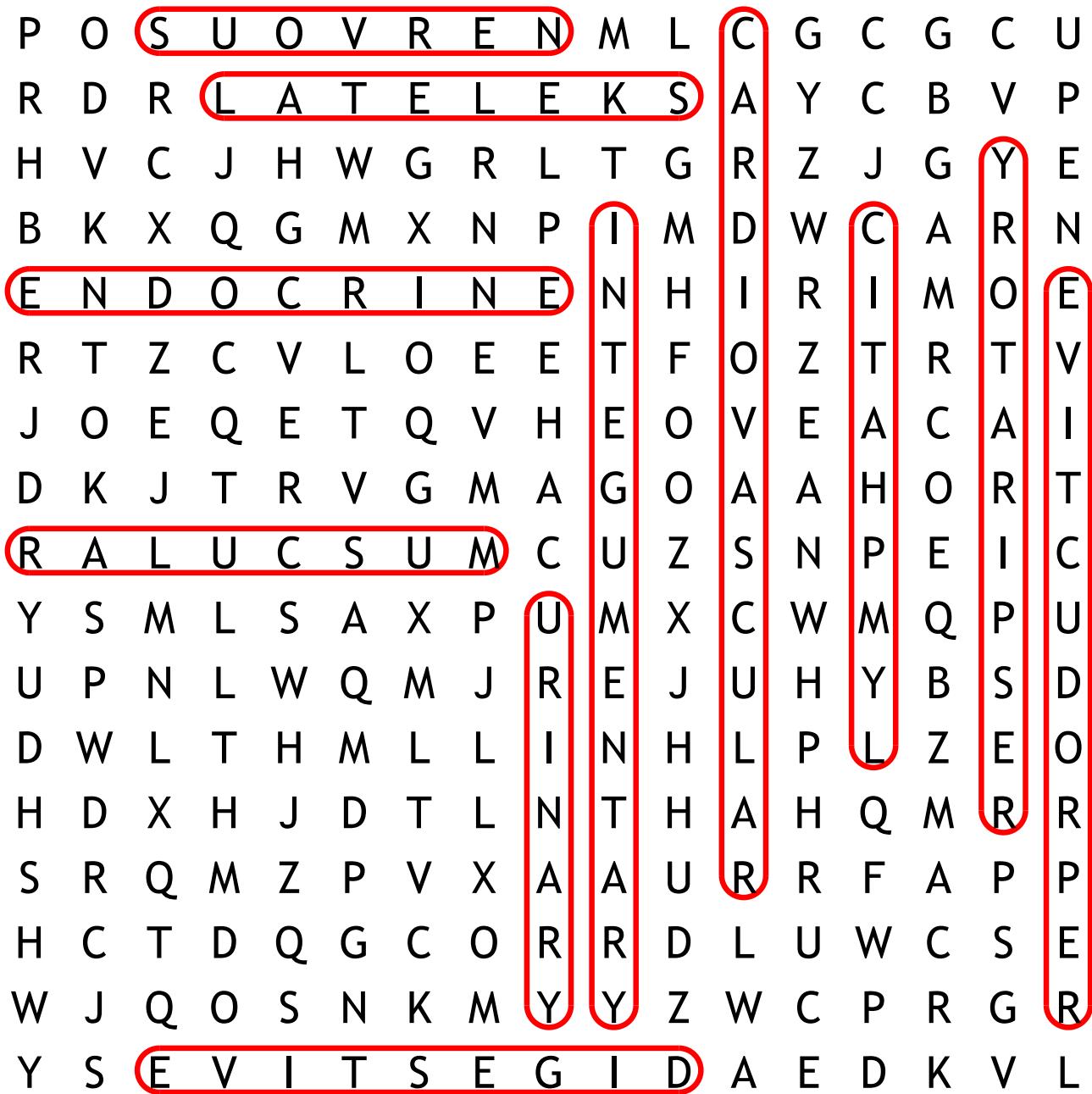


Name: \_\_\_\_\_

Date: \_\_\_\_\_

# Body Systems



cardiovascular   integumentary   reproductive  
respiratory   digestive   endocrine  
lymphatic   muscular   skeletal  
nervous   urinary