# Contraceptives

<table>
<thead>
<tr>
<th>Female Condom</th>
<th>Tubal Ligation</th>
<th>Spermicide</th>
<th>Implant</th>
<th>The Patch</th>
<th>Hormonal Methods</th>
<th>Vaginal Ring</th>
</tr>
</thead>
<tbody>
<tr>
<td>Condom</td>
<td>The Shot</td>
<td>Barrier Methods</td>
<td>The Pill</td>
<td>Plan B</td>
<td>Male Condom</td>
<td>Vaginal Ring</td>
</tr>
</tbody>
</table>

Name: ___________________________ Date: _________________