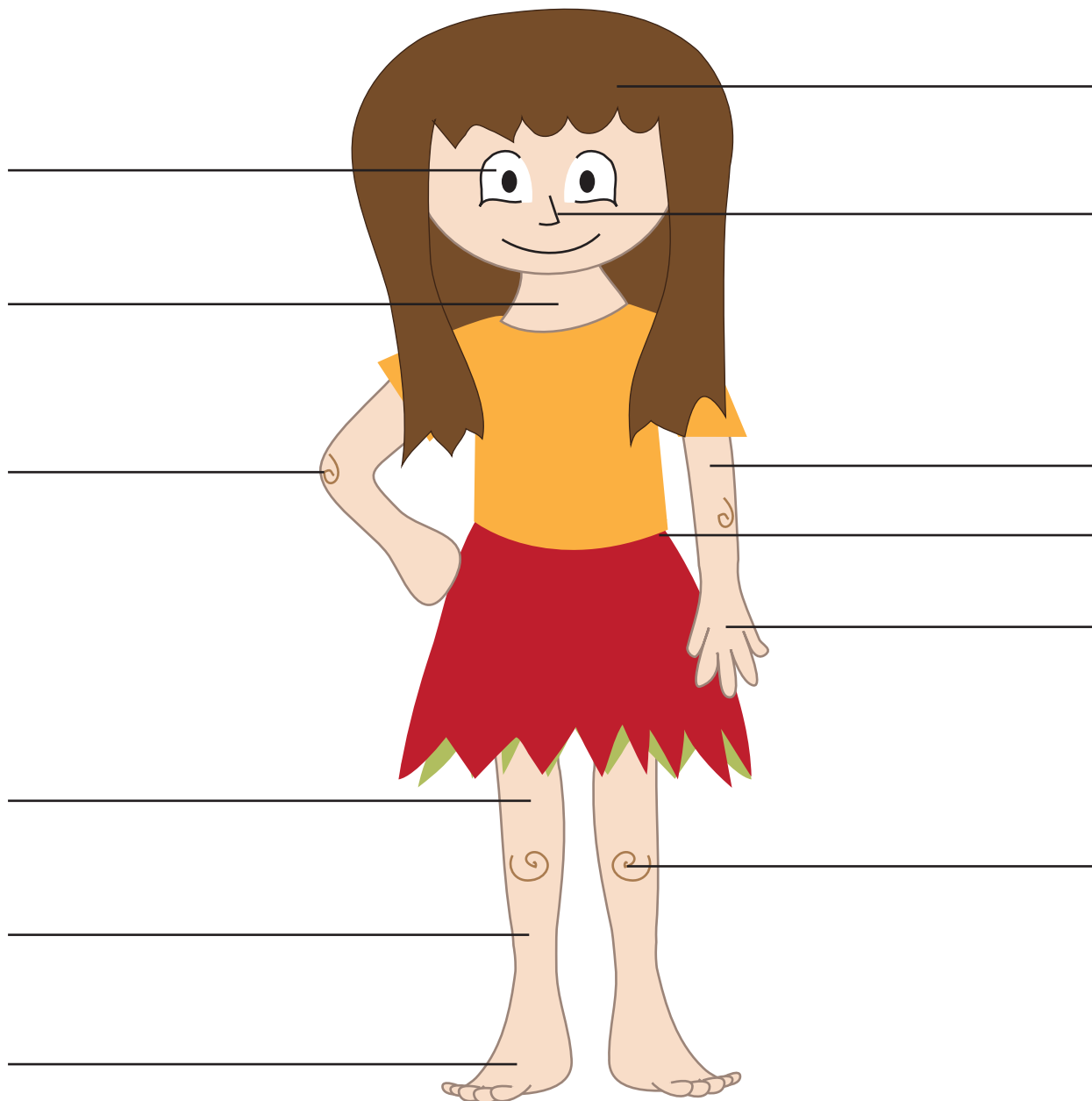


Name: \_\_\_\_\_ Date: \_\_\_\_\_



# Parts of the Body

Please label the parts of the body using the key below.



## Key

- |      |       |      |      |       |       |
|------|-------|------|------|-------|-------|
| Head | Thigh | Neck | Knee | Elbow | Waist |
| Hand | Eye   | Shin | Arm  | Foot  | Nose  |

# Parts of the Body

