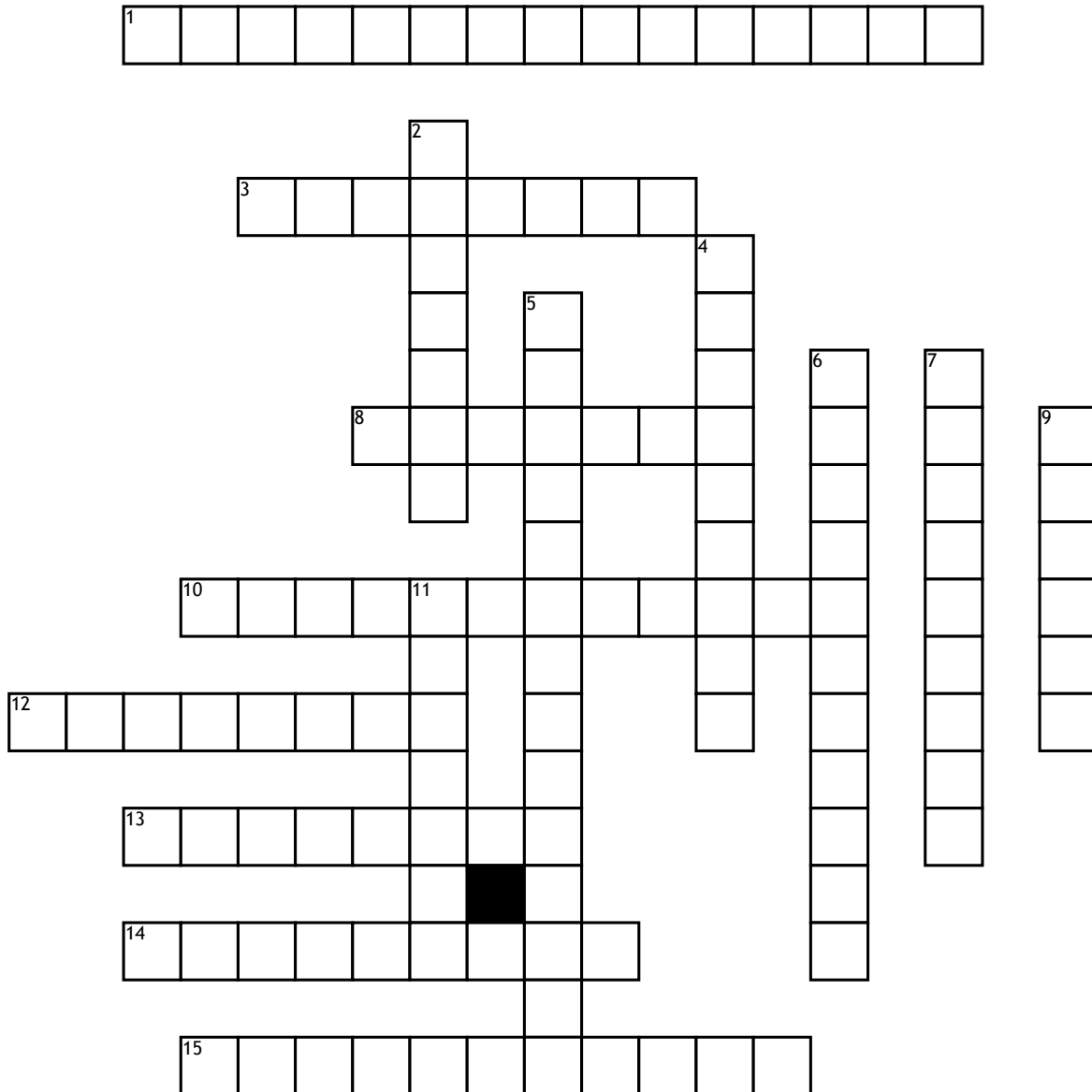


Name: _____

Date: _____

Integumentary



Across

- 1. layer
- 3. black
- 8. pimple
- 10. pertaining to
- 12. baldness
- 13. yellow

14. skin*

15. blood vessel

Down

- 2. band
- 4. skin
- 5. heat
- 6. fat

7. oil gland

9. white

11. blue