

Name: _____

Date: _____

Personal Hygiene

V N Z N Z V G S K C O S W R X N N
T H I F Z K L R Q O C C S R H I Q
R T N A R O D O E D O S Y Q M B R
I J C Y B L Y O P E L C M P J R U
M L Z S M O R M L I A H R V J U R
Z H K U Z U C C A H T N L E A S G
S E H T O L C N A E L C K R Z H E
O D V H W A G B M M S S O L F S T
T W K S U A R A E W R E D N U R S
H R L A R N S H R M M X N I U G A
J X M W N B D H L B S O A P X A P
K F Q H Z D H R M G Z Q A B G R H
O U Z T L D S W O A S Y C O M B T
B X U U J A A V R Y S J C X R W O
N R T O E A W I N Q I K R W I V O
T I B M C U P D E A N Q G E B T T
O S J K H V Y D S H A M P O O Z J

cleanclothes	toothpaste	underwear	mouthwash
deodorant	washmask	shampoo	socks
floss	nails	brush	room
comb	trim	wash	soap