

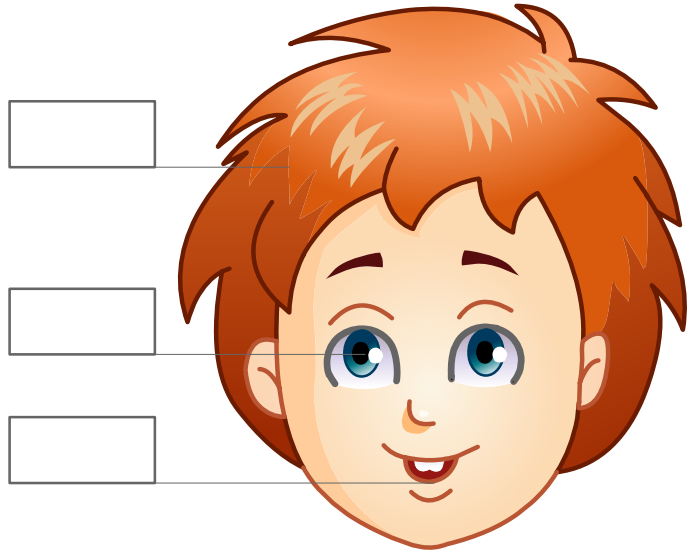
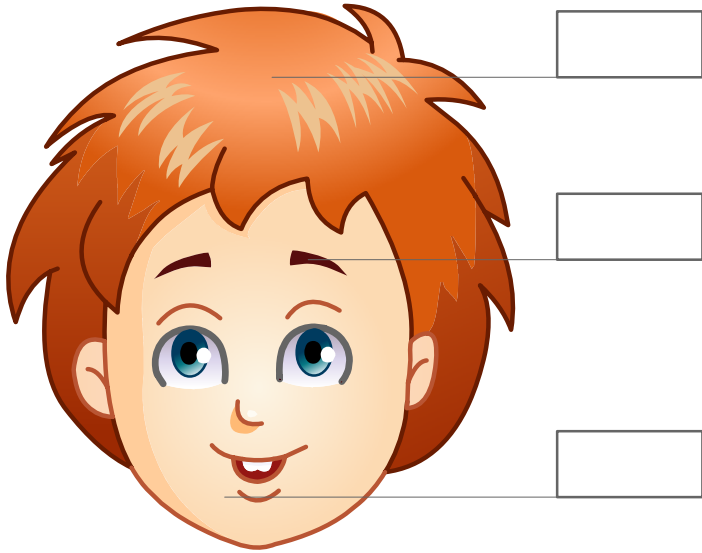
Name: \_\_\_\_\_

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

Time: \_\_\_\_\_ : \_\_\_\_\_ - \_\_\_\_\_ : \_\_\_\_\_

1. Mark ✓ on the eyebrow.

2. Mark ✓ on the eye.



3. Mark ✓ on the nose.

4. Mark ✓ on the tongue.

