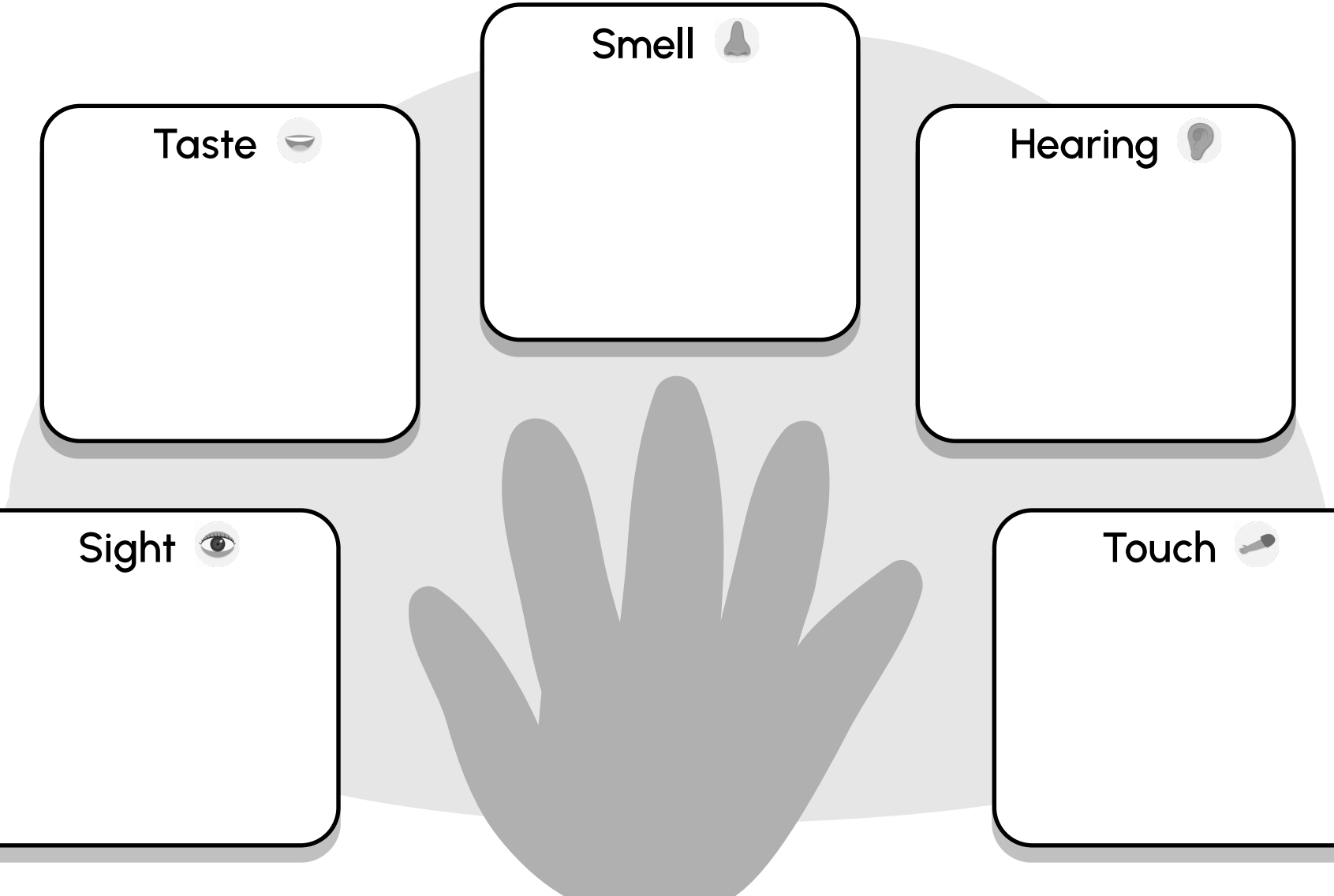





Name: _____


Date: _____



Smell 

Taste 

Hearing 

Sight 

Touch 