









GOOD HYGIENE DAILY ROUTINES

Name: _____

Date: _____

Look at the pictures. Check the box when you finish the task!

Hygiene Activity	Morning 	Night 
 Brush Teeth	<input type="checkbox"/>	<input type="checkbox"/>
 Wash Hands	<input type="checkbox"/>	<input type="checkbox"/>
 Take Bath	<input type="checkbox"/>	<input type="checkbox"/>
 Use Lotion	<input type="checkbox"/>	<input type="checkbox"/>
 Comb Hair	<input type="checkbox"/>	<input type="checkbox"/>
 Clean Clothes	<input type="checkbox"/>	<input type="checkbox"/>