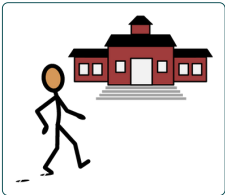

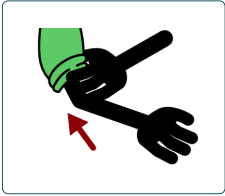




Getting My Vaccine

- | | | |
|---|---|-------------------------------------|
| | | <input checked="" type="checkbox"/> |
| 1 |  | <input type="checkbox"/> |
| 2 |  | <input type="checkbox"/> |
| 3 |  | <input type="checkbox"/> |
| 4 |  | <input type="checkbox"/> |
| 5 |  | <input type="checkbox"/> |

Getting My Vaccine

6



Nurse applies a bandage


☐

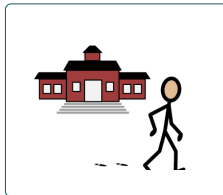
7



I might be asked to wait

☐

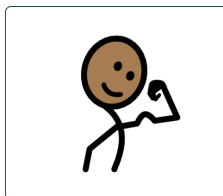
8



Time to leave

☐

9



My body is stronger!

☐

10



To stay healthy
I will keep washing my hands!

☐