INFANT WEIGHT TRACKER

Target Growth Range: _____

Infant Name: _____
Birth Date: _____
Birth Weight: _____
Pediatrician: _____

DATE	AGE (WEEKS/MONTHS)	WEIGHT (LB/OZ OR KG)	CHANGE (+/-)	NOTES/FEEDING METHOD

DATE	AGE (WEEKS/MONTHS)	WEIGHT (LB/OZ OR KG)	CHANGE (+/-)	NOTES/FEEDING METHOD

This chart is for personal tracking only. Always consult a medical professional regarding infant health and nutrition.