INFANT WEIGHT RECORD

Clinical Template Ref: PED-004

Patient Name: _____
Date of Birth: _____
Medical ID: _____
Pediatrician: _____

DATE	AGE	WEIGHT (KG/LB)	PERCENTILE	CLINICAL OBSERVATIONS
	Birth			
	1 Month			
	2 Months			
	4 Months			
	6 Months			
	9 Months			
	12 Months			
	15 Months			
	18 Months			

DATE	AGE	WEIGHT (KG/LB)	PERCENTILE	CLINICAL OBSERVATIONS
	24 Months			