INFANT GROWTH RECORD

Clinical Record: Birth to 24 Months

Ref: WHO-G-2023

Patient Name: _____
Date of Birth: ____ / ____ / _____
Gender: **M / F**
Gestational Age: _____ **weeks**

DATE	AGE (MO)	WEIGHT (KG)	LENGTH (CM)	HEAD CIRC (CM)	PERCENTILE
/ /	Birth				
/ /	1 Mo				
/ /	2 Mo				
/ /	4 Mo				
/ /	6 Mo				
/ /	9 Mo				
/ /	12 Mo				

[Percentile Growth Curve Visualization Area]

Confidential Medical Record - For professional clinical use only.