

INFANT WELLNESS TRACKER

Date: _____

NAME

WEIGHT

MOOD/TEMPERAMENT

FEEDING & HYDRATION

TIME	TYPE (BREAST/FORMULA)	AMOUNT (OZ/MIN)	NOTES/VITAMIN DROPS
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SLEEP & ACTIVITY

START TIME	END TIME	DURATION	ACTIVITY (TUMMY TIME, PLAY, BATH)
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DIAPERS & HEALTH

TIME

WET

DIRTY

HEALTH NOTES (TEMP, SKIN, MEDS)