's Baby Book

Place Baby Photo Here
The Day You Were Born

You were born on (date) ____________, at (time) ____________.

At birth, your weight was ____________.
Your length was ____________.
Your head circumference was ____________.
Your eye color is ____________.

At birth you were given:
___ Erythromycin eye ointment
___ Vitamin K Shot
___ Hepatitis B Vaccine

You passed the hearing test in your:
___ Right Ear
___ Left Ear

Immunization Record

Write the date each vaccine was given:

Hepatitis B: _______HepB(1)
_________HepB(2) _______HepB(3)

Rotavirus: _______ RV(1) _______ RV(2)
_________ RV(3)

Diphtheria, Tetanus, Pertussis: _______ DTaP
Tetanus, Diphtheria, Pertussis: _______ Tdap(1)
_________ Tdap(2) _______ Tdap(3)
_________ Tdap(4) _______ Tdap(5)

Haemophilus influenzae type b: _______ Hib(1)
_________ Hib(2) _______ Hib(3)
_________ Hib(4) _______ Hib(5)

Polio: _______ IPV(1) _______ IPV(2)
_________ IPV(3) _______ IPV(4)
Pneumococcal: _______PCV(1)
________PCV(2) _______PV(3) _______PIV(4)

Measles, Mumps, Rubella:
________MMR(1) _______MMR(2)

Varicella: _______Varicella(1)
________Varicella (2)

Hepatitis A: _______HepA(1)
________HepA (2)

Meningococcal conjugate:
________MCV4 _______Booster

Human papillomavirus:
________HPV(1) _______HPV(2)
________HPV(3)

Influenza (yearly): ________(1) ________(2)
________(3) ________(4) ________(5)
________(6) ________(7) ________(8)
________(9) ________(10) ________(11)
________(12) ________(13)_______(14)
________(15) ________(16)_______(17)
________(18)

Other Vaccines:
Name: ___________ Date: ___________

Name: ___________ Date: ___________

Name: ___________ Date: ___________

Name: ___________ Date: ___________
Your First Doctor’s Appointment
(1-5 Days Old)

You are ___________ days old.
Your weight is ___________ (___ percentile).
Your length is ___________ (___ percentile).
Your head circumference is ___________
(___ percentile).

Check the boxes that are true:
☐ You are feeding every 2-3 hours, even during the
  night.
☐ The only thing you eat is breastmilk and/or
  formula.
☐ You’re making 6-8 wet diapers a day.
☐ You sleep in your own crib/pack’n play, lying
  on your back, and with no loose blankets or toys
  around you.

Your baby handprints:

Your baby footprints:
2 Weeks Old

At your doctor’s appointment, they weigh and measure you:

Your weight is _________ (___ percentile).
Your length is _________ (___ percentile).
Your head circumference is _________
(___ percentile).

Check the boxes that are true:

☐ You follow toys with your eyes
☐ You smile at your parents
☐ You’re starting to lift your head up when doing tummy time:

4 Months Old

At your doctor’s appointment, they weigh and measure you:

Your weight is _________ (___ percentile).
Your length is _________ (___ percentile).
Your head circumference is _________
(___ percentile).

Check the boxes that are true:

☐ You can laugh.
☐ You can roll from your front to your back.
☐ You look to where you hear people talking.
☐ You can grab a rattle:
6 Months Old

At your doctor's appointment, they weigh and measure you:

Your weight is _________ (___ percentile).
Your length is _________ (___ percentile).
Your head circumference is _________
   (___ percentile).

Check the boxes that are true:

☐ You are babbling.
☐ You can eat your food using your fingers.
☐ You can pass a toy from one hand to the other.
☐ You can sit with little or no help

9 Months Old

At your doctor's appointment, they weigh and measure you:

Your weight is _________ (___ percentile).
Your length is _________ (___ percentile).
Your head circumference is _________
   (___ percentile).

Check the boxes that are true:

☐ You can say “mama or dada.”
☐ You can wave bye-bye.
☐ You can stand while holding onto something.
12 Months Old = 1 Year!

At your doctor's appointment, they weigh and measure you:

Your weight is __________ (____ percenttile).
Your length is __________ (____ percenttile).
Your head circumference is __________ (____ percenttile).

Check the boxes that are true:

☐ You can stand by yourself.
☐ You can pick things up with a 'pincer grasp.'
☐ You point to things that you want.

Your 1-year-old handprint:

Your 1-year-old photo:
15 Months Old

At your doctor's appointment, they weigh and measure you:

Your weight is __________ (___ percentile).
Your length is __________ (___ percentile).
Your head circumference is __________
(___ percentile).

Check the boxes that are true:

☐ You can scribble with crayons.
☐ You can use a spoon to eat and a cup to drink.
☐ You can say a few words.

Your first 5 words:
1. _____________
2. _____________
3. _____________
4. _____________
5. _____________

18 Months Old

At your doctor's appointment, they weigh and measure you:

Your weight is __________ (___ percentile).
Your length is __________ (___ percentile).
Your head circumference is __________
(___ percentile).

Check the boxes that are true:

☐ You can run.
☐ You can build things with toys.
☐ You can point to some body parts.
☐ You like to pretend to do chores in the house.
24 Months Old = 2 Years!

At your doctor's appointment, they weigh and measure you:

Your weight is __________ (___ percentile).

Your length is __________ (___ percentile).

Your head circumference is __________
(___ percentile).

Check the boxes that are true:

☐ You can throw a ball.
☐ You can draw a line with crayons/markers/pens.
☐ You can talk using two words in a row.

Your 2-year-old handprint:

Your 2-year-old photograph:
3 Years Old

At your doctor's appointment, they weigh and measure you:

Your weight is __________ (___ percentile).
Your length is __________ (___ percentile).
Your head circumference is __________
(___ percentile).

Check the boxes that are true:
☐ You can draw a circle.
☐ You can brush your teeth with some help.
☐ People can understand most of the words you say.

Your 3-year-old handprint:

Your 3-year-old photograph:
4 Years Old

At your doctor’s appointment, they weigh and measure you:

Your weight is _________ (___ percentile).
Your length is _________ (___ percentile).
Your head circumference is ____________ (___ percentile).

Check the boxes that are true:

☐ You can hop.
☐ You can draw a square.
☐ You play with friends.
☐ You know 4 colors.
☐ People can understand almost all of the words you say.
5 Years Old

At your doctor’s appointment, they weigh and measure you:

Your weight is _________ (____ percentile).
Your length is _________ (____ percentile).
Your head circumference is _________
(____ percentile).

Check the boxes that are true:

☐ You can skip.
☐ You can draw a triangle.
☐ You get dressed by yourself.
☐ You can speak in 5-word sentences.

Your 5-year-old handprint:

Your 5-year-old photograph: