

_____ '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: _____

Name: _____ Date: _____

Your First Doctor's Appointment (1-5 Days Old)

You are _____ days old.

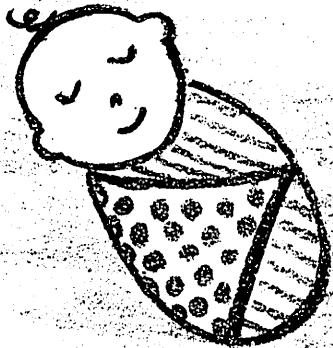
Your weight is _____ (_____ percentile).

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:

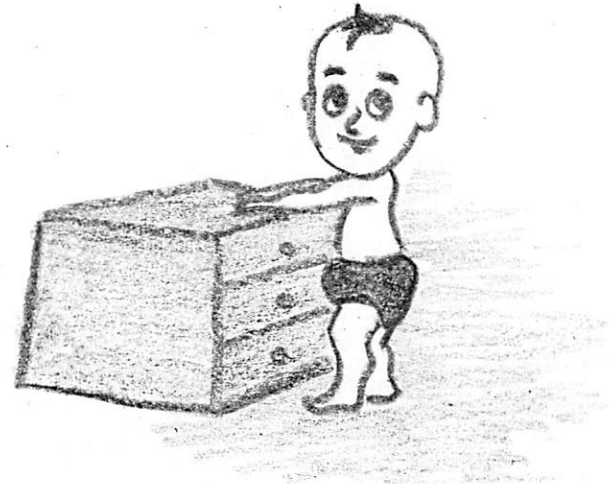
Your weight is _____ (____ percentile).

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:

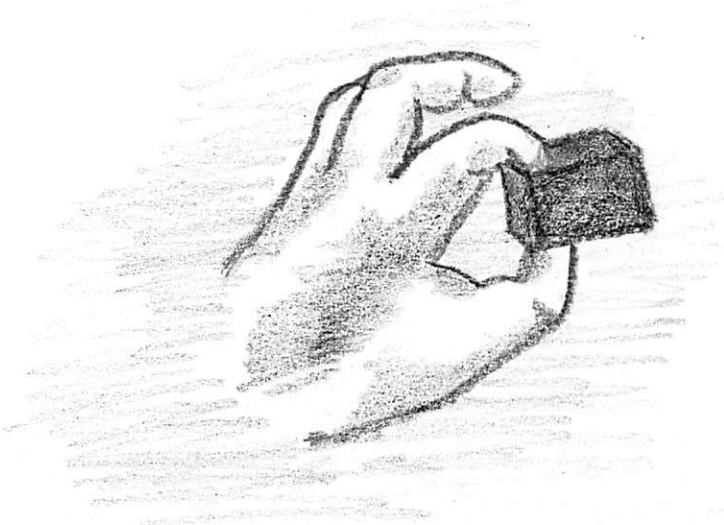
Your weight is _____ (____ percentile).

Your length is _____ (____ percentile).

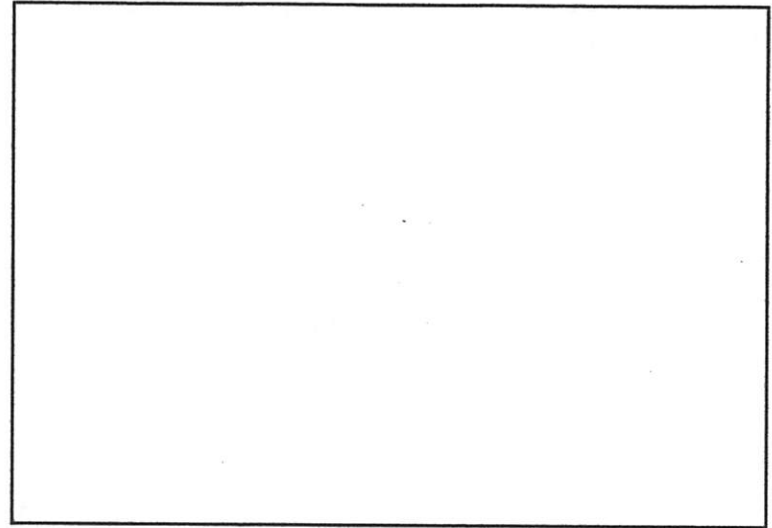
Your head circumference is _____
(____ percentile).

Check the boxes that are true:

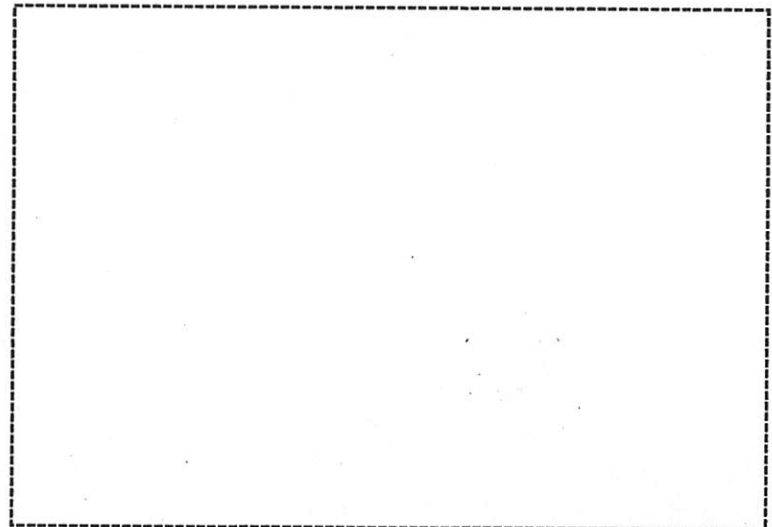
- You can stand by yourself.
- You can pick things up with a 'pincer grasp.'
- You point to things that you want.



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:

A large, empty rectangular box with a solid black border, intended for a child to leave their handprint.

Your 2-year-old photograph:

A large, empty rectangular box with a dashed black border, intended for a child's 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:

A large, empty rectangular box with a solid black border, intended for a child's handprint.

Your 3-year-old photograph:

A large, empty rectangular box with a dashed black border, intended for a child's photograph.

4 Years Old

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

Your weight is _____ (____ percentile).

Your length is _____ (____ percentile).

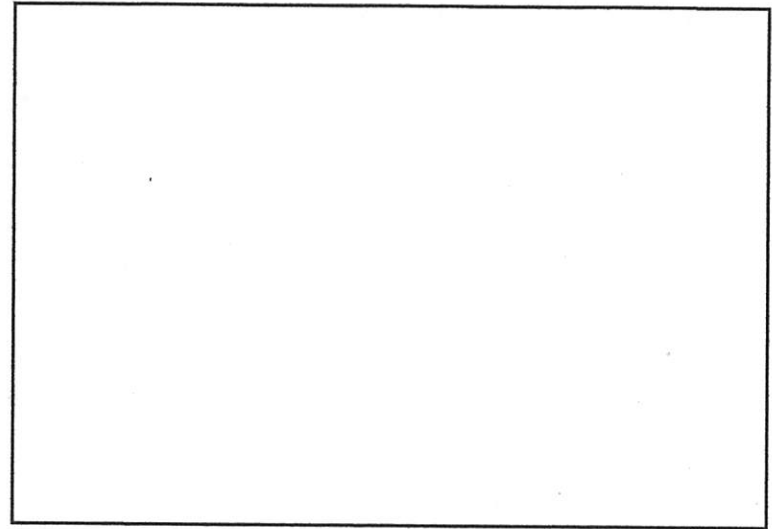
Your head circumference is _____
(____ percentile).

Check the boxes that are true:

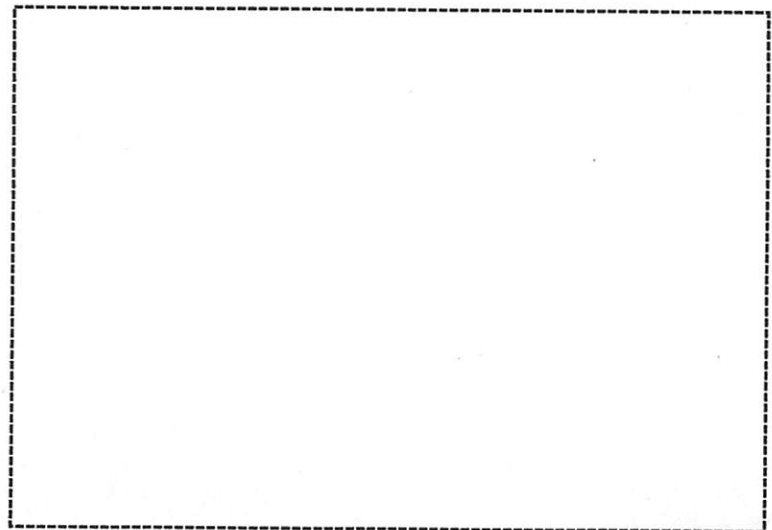
- You can hop.
- You can draw a square.
- You play with friends.
- You know 4 colors.
- People can understand almost all of the words you say.



Your 4-year-old handprint:



Your 4-year-old photograph:



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:

A large, empty rectangular box with a solid black border, intended for a child to place their handprint.

Your 5-year-old photograph:

A large, empty rectangular box with a dashed black border, intended for a child to place their photograph.