

USER

<u>User_ID</u>	Name	Phone	Gender	Birth_date	Init_weight	Height
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MEDICAL_HISTORY

<u>User_ID</u>	<u>Family_history</u>	<u>Allergies</u>	<u>Diseases</u>
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GOAL

<u>User_ID</u>	<u>Type</u>	Start_date	End_date
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HEALTH_RECORD

<u>User_ID</u>	<u>Record_date</u>	Weight	Body_fat	BMI
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SLEEP

<u>User_ID</u>	<u>Record_date</u>	Start_time	End_time	Duration
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MEAL

<u>User_ID</u>	Food_name	<u>Record_date</u>	<u>Record_time</u>	Calories	Carbohydrate	Protein	Fats
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EXERCISES

<u>User_ID</u>	Type	Duration	<u>Record_date</u>	<u>Record_time</u>
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