

**MAIN PROJECT**  
**20MCA246**  
**TABLES**  
**KIDDOGUARD – CHILD VACCINATION**  
**MANAGEMENT SYSTEM**

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Vaccination Schedule Table:

| No. | Field Name        | Data Type (Size) | Key Constraints | Description                                     |
|-----|-------------------|------------------|-----------------|---|
| 1   | schedule_id       | INT              | PRIMARY KEY     | Unique identifier for each vaccination schedule |
| 2   | child_id          | INT              | FOREIGN KEY     | ID of the child (linked to Child Information)   |
| 3   | vaccine_id        | INT              | FOREIGN KEY     | ID of the vaccine (linked to Vaccine table)     |
| 4   | due_date          | DATE             |                 | Date when the vaccine is due for administration |
| 5   | administered_date | DATE             |                 | Date when the vaccine was administered          |
| 6   | notes             | VARCHAR(255)     |                 | Additional notes or instructions                |

Feedback Table:

| No. | Field Name     | Data Type (Size) | Key Constraints | Description                                   |
|-----|----------------|------------------|-----------------|---|
| 1   | feedback_id    | INT              | PRIMARY KEY     | Unique identifier for each feedback entry     |
| 2   | appointment_id | INT              | FOREIGN KEY     | ID of the appointment (linked to Appointment) |
| 3   | user_id        | INT              | FOREIGN KEY     | ID of the user (linked to User Profile)       |

|   |          |      |  |                                      |
|---|----------|------|--|--------------------------------------|
| 4 | rating   | INT  |  | Rating provided by the user (1 to 5) |
| 5 | comments | TEXT |  | Detailed comments or feedback        |
| 6 | date     | DATE |  | Date when the feedback was submitted |

Notification Table:

| No. | Field Name      | Data Type (Size) | Key Constraints | Description   |
|-----|-----------------|------------------|-----------------|---|
| 1   | notification_id | INT              | PRIMARY KEY     | Unique identifier for each notification                                 |
| 2   | user_id         | INT              | FOREIGN KEY     | ID of the user (linked to User Profile)                                 |
| 3   | message         | TEXT             |                 | Content of the notification message                                     |
| 4   | type            | VARCHAR(50)      |                 | Type of notification (e.g., appointment reminder, vaccination reminder) |
| 5   | date_sent       | DATETIME         |                 | Date and time when the notification was sent                            |
| 6   | status          | VARCHAR(20)      |                 | Status of the notification (read/unread)                                |

Health Record Table:

| No. | Field Name  | Data Type (Size) | Key Constraints | Description  |
|-----|-------------|------------------|-----------------|--|
| 1   | record_id   | INT              | PRIMARY KEY     | Unique identifier for each health record entry                         |
| 2   | child_id    | INT              | FOREIGN KEY     | ID of the child (linked to Child Information)                          |
| 3   | date        | DATE             |                 | Date of the health record entry  |
| 4   | record_type | VARCHAR(50)      |                 | Type of health record (vaccination, growth, medical examination, etc.) |
| 5   | details     | TEXT             |                 | Details or observations recorded in the health record                  |

Healthcare Provider Table:

| No. | Field Name  | Data Type (Size) | Key Constraints | Description                                    |
|-----|-------------|------------------|-----------------|--|
| 1   | provider_id | INT              | PRIMARY KEY     | Unique identifier for each healthcare provider |
| 2   | name        | VARCHAR(100)     |                 | Name of the healthcare provider                |
| 3   | email       | VARCHAR(100)     | UNIQUE          | Email address of the healthcare provider       |

|   |                |              |  |  |
|---|----------------|--------------|--|--|
| 4 | phone          | VARCHAR(20)  |  | Contact phone number of the healthcare provider  |
| 5 | address        | VARCHAR(255) |  | Address of the healthcare provider               |
| 6 | city           | VARCHAR(100) |  | City where the healthcare provider is located    |
| 7 | state          | VARCHAR(100) |  | State where the healthcare provider is located   |
| 8 | country        | VARCHAR(100) |  | Country where the healthcare provider is located |
| 9 | specialization | VARCHAR(255) |  | Specialization or area of expertise              |