<!DOCTYPE html>

<html lang="en" class="caio">

<head>

<meta charset="utf-8"/>

<link href="https://cdnjs.cloudflare.com/ajax/libs/materialize/1.0.0/css/materialize.min.css" rel="stylesheet">

<link href="https://fonts.googleapis.com/icon?family=Material+Icons" rel="stylesheet">

<meta name="viewport" content="width=device-width, initial-scale=1.0"/>

</head>

<body>

<form>

<h1>Pacient Registration Form</h1>

<fieldset>

<div class="row">

<form class="col s12">

<div class="row">

<div class="input-field col s4">

<input id="first\_name" type="text" class="validate">

<label for="first\_name">First Name</label>

</div>

<div class="input-field col s4">

<input id="last\_name" type="text" class="validate">

<label for="last\_name">Last Name</label>

</div>

</div>

<div class="row">

<div class="input-field col s4">

<input id="birth-date" type="text" class="datepicker">

<label for="birth-date">Birth-date</label>

</div>

<div class="input-field col s4">

<input id="age" type="text" class="datepicker">

<label for="age">Age</label>

</div>

</div>

<div class="row"> <!-- Line sex, civil-status -->

<div class="input-field col s4">

<select>

<option value="" disabled selected>Choose your option</option>

<option value="1">Male</option>

<option value="2">Female</option>

</select>

<label>Sex</label>

</div>

<div class="input-field col s4">

<select>

<option value="" disabled selected>Choose your option</option>

<option value="1">Single</option>

<option value="2">Married</option>

<option value="3">Divorced</option>

<option value="4">Widowed</option>

</select>

<label>Civil-status</label>

</div>

</div> <!-- Line sex, civil-status -->

<div class="row">

<div class="input-field col s4">

<input id="phone-number" type="text" class="validate">

<label for="phone-number">Phone</label>

</div>

<div class="input-field col s4">

<input id="occupation" type="text" class="validate">

<label for="occupation">Occupation</label>

</div>

<div class="input-field col s8">

<input id="email" type="email" class="validate">

<label for="email">Email</label>

</div>

<div class="input-field col s8">

<input id="address" type="email" class="validate">

<label for="address">Address</label>

</div>

</div>

</div>

</fieldset>

<fieldset>

<div>

<p>

<legend>Are you experiencing fever, cough, colds, sore throat, headaches, or difficulty breathing?</legend>

<label>

<input class="with-gap" name="colds" type="radio" id="colds" checked />

<span>No</span>

</label>

<label>

<input class="with-gap" name="colds" type="radio" id="colds" checked />

<span>Yes</span>

</label>

</p>

</div>

<div>

<p>

<legend>If you are female, are you pregnant or breastfeeding?</legend>

<label>

<input class="with-gap" name="pregnant" type="radio" id="pregnant" checked />

<span>No</span>

</label>

<label>

<input class="with-gap" name="pregnant" type="radio" id="pregnant" checked />

<span>Yes</span>

</label>

</p>

</div>

<div>

<p>

<legend>Do you have any allergies to medications such as antibiotics, painkillers, or anesthetics?</legend>

<label>

<input class="with-gap" name="allergies" type="radio" id="allergies" checked />

<span>No</span>

</label>

<label>

<input class="with-gap" name="allergies" type="radio" id="allergies" checked />

<span>Yes</span>

</label>

</p>

</div>

<div>

<p>

<legend>Do you have any blood-borne infections, such as Hepatitis B, HIV/AIDS, or other similar conditions?</legend>

<label>

<input class="with-gap" name="bb-infection" type="radio" id="bb-infection" checked />

<span>No</span>

</label>

<label>

<input class="with-gap" name="bb-infection" type="radio" id="bb-infection" checked />

<span>Yes</span>

</label>

</p>

</div>

</fieldset>

<fieldset>

<label> <input name="checkbox" type="checkbox" required />I hereby certify that the information provided above is true, correct, and complete. I understand that I will be held criminally liable for failing to provide accurate information or intentionally providing false information.

</label>

</fieldset>

</form>

<a class="waves-effect waves-light btn-large"><i class="material-icons right">send</i>Submit</a>

<script>

document.getElementbyId("btn").addEventListener("click",doStuff);

function doStuff(){

var uname = document.getElementbyId("first\_name").value;

google.script.run.userclicked(uname);

}

</script>

<script>

document.addEventListener('DOMContentLoaded', function() {

var elems = document.querySelectorAll('select');

var instances = M.FormSelect.init(elems);

});

</script>

<script src="https://cdnjs.cloudflare.com/ajax/libs/materialize/1.0.0/js/materialize.min.js"></script>

</body>

</html>