RELATIONAL MODEL

CITIZEN REPORT

- ID REPORT
- FK CITIZEN
- FK CAMPUS
- FK VACCINE
- DOSE NOMBER
- VACCINATION DATE

VACCINE

- ID VACCINE
- NAME
- DOSE

CITIZEN

- ID CITIZEN
- NAME
- MATERNAL SURNAME
- PATERNAL SURNAME
- ADDRESS
- TEEPHONE NUMBER
- AGE
- FK CAMPUS
- FK VACCINE

CAMPUS

- ID CAMPUS
- ADDRESS
- DATE
- FK STATE

PERSONNEL

- ID PERSONNEL
- NAME
- MATERNAL SURNAME
- PATERNAL SURNAME
- ADDRESS
- TELEPHONE NUMBER
- FK PERSONNEL KEY
- FK CAMPUS

STATE

- ID STATE
- NAME

PERSONNEL KEY

ID KEY	NAME
10	DOCTOR
20	NURSE
30	ADMINISTRATIVE