**LOGIN FORM**

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| --- | --- |
| DATE | 09 NOVEMBER 2022 |
| TEAM ID | PNT2022TMID30006 |
| PROJECT NAME | NUTRITION ASSISTANT APPLICATION |

**LOGIN HTML:**

<Html>

<head>

<title>Login Form</title>

<link rel="stylesheet" type="text/css" href="./styles.css">

</head>

<body>

<div class="login-form">

<h1>Login Form</h1>

<p>Name:</p>

<input type="text" name="name" >

<p>Gender:</p>

<select>

<option value="">select</option>

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

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

</select>

<p>Age:</p>

<input type="text" name="age" >

<p>Weight:</p>

<input type="text" name="weight" >

<p>Height:</p>

<input type="text" name="height" >

<p>Blood Pressure Level:</p>

<select>

<option value="">select</option>

<option value="Ideal Blood Pressure">Between 90/60mmHg - 120/80mmHg</option>

<option value="High Blood Pressure">Greater than 140/90mmHg </option>

<option value="Low Blood Pressure">Lower than 90/60mmHg </option>

</select>

<p>Cholesterol Level:</p>

<select>

<option value="">select</option>

<option value="Borderline Level">200 - 239 mg/dL</option>

<option value="High Level">Greater than 240 mg/dL</option>

<option value="Low Level">Less than 200 mg/dL </option>

</select>

<p>How much weight do you want to reduce ? :</p>

<select>

<option value="">select</option>

<option value="">Below 5</option>

<option value="">Between 5 - 10 </option>

<option value="">Between 10 - 15 </option>

</select>

<p>Which kind of food you prefer ? :</p>

<select>

<option value="">select</option>

<option value="">Vegetarian</option>

<option value="">Non-Vegetarian </option>

<option value="">Both </option>

</select>

<p>How much water you intake perday ? :</p>

<select>

<option value="">select</option>

<option value="">Between 90/60mmHg - 120/80mmHg</option>

<option value="High Blood Pressure">Greater than 140/90mmHg </option>

<option value="Low Blood Pressure">Lower than 90/60mmHg </option>

</select>

<p>Any history of disease ? :</p>

<select>

<option value="">select</option>

<option value="">Yes</option>

<option value="">No </option>

</select>

<p>what kind of medicines are you intaking ? :</p>

<input type="text" name="medicines" >

<p>Are you affected by an Allergies ? :</p>

<select>

<option value="">select</option>

<option value="">Yes</option>

<option value="High Blood Pressure">No</option>

</select>

<P>If yes mention it </P>

<input type="text" name="Allergies" >

<p>Do you have any bad habits? :</p>

<select>

<option value="">select</option>

<option value="">Alcoholist</option>

<option value="">Smoker </option>

<option value="">Nothing</option>

</select>

<p>Notification :</p>

<select>

<option value="">select</option>

<option value="">Allow</option>

<option value="">Not Allow </option>

</select>

<button type="submit">Submit</button>

</form>

</div>

</body>

</html>