```
<!DOCTYPE html>
<html>
<head><title>COVID 19 VACCINE REGISTRATION </title></head>
<body>
   <h1>COVID 19 REGISTRATION FORM</h1>
<form style="background-color:rgb(131, 180, 204);">

   <lable for>USER NAME</lable for>
   <input type="text"name="username" maxlength="12">
   <br></br>
   <lable for>Last name</lable for>
   <input type="text"name="last name"minlength="8">
   <br></br>
    <lable for>BIRTH DATE</lable for>
    <input type="date"name="date">
    <br></br>

    <lable for>GENDER</lable for>
     <br></br>


   <input type="radio" id="male"name="Male">
   <lable for="male">male</lable for>
   <br></br>

   <input type="radio" id="Female"name="Female">
   <lable for="Female">Female</lable for>
   <br></br>
   <lable for>EMAIL</lable for>
   <input type="text"name="email"minlength="8">
   <br></br>
```

```
<lable for>PHONE NUMBER</lable for>
<input type="number"name="Phone number">
<br></br>
<lable for>ADDRESS</lable for>
<input type="text"name="address"maxlength="12">
<br></br>
<lable for>CITY</lable for>
<input type="text"name="CITY">
<br></br>
<lable for>STATE/PROVINCE</lable for>
<input type="text"name="State/province"maxlength="12">
<br><br>
<lable for>VACCINE NAME</lable for>
<input type="text"name="vaccine name"minlength="8">
<br><br>


<br>
<select><option selected disabled>..CURRENT AGE</option><option>15-20</option><option>20-30</option><option>30-40</option><option>40-50</option>
<option>50-60</option><option>60-70</option><option>70-90</option><option>90-100</option></select>
<br>

<h3>SYMPTOMS</h3>
<input type="checkbox"id="DRY COUGH"name="DRY COUGH" value="DRY COUGH">
<lable for="DRY COUGH">Dry cough</lable><br>
```

```
<input type="checkbox"id="Shortness or breath"name="Shortness orbreath">
 <lable for="Shortness or breath">"Shortness or breath"</lable for><br>

<input type="checkbox"id="Loss of taste or smell"name="Loss of taste or smell">
<lable for="Loss of taste or smell">"Loss of taste or smell"</lable for><br>

<input type="checkbox"id="Fever or chills"name="Fever or chills" value="Fever or chills">
<lable for="Fever or chills">"Fever or chills"</lable for><br>

<input type="checkbox"id="Extreame tiredness"name="Extreame tiredness" value="Extreame tiredness">
<lable for="Extreame tiredness">"Extreame tiredness"</lable for><br>
<br><br>



  <br>
  <form>
  <button type="submit">Submit</button>
  </form>
  </body>
  </html>
```


COVID 19 VACCINE REGISTRAT
File C:/Users/lokes/Desktop/folder/corona%2019.html
COVID 19 REGISTRATION FORM
USER NAME
Last name
BIRTH DATE dd - mm - yyyy
GENDER
male
Female
EMAIL
PHONE NUMBER
ADDRESS
CITY
STATE/PROVINCE
VACCINE NAME
..CURRENT AGE
SYMPTOMS
Dry cough
"Shortness or breath"
"Loss of taste or smell"
"Fever or chills"
"Extreame tiredness"