```
<!DOCTYPE html>
<html>
<head><title>COVID 19 VACCINE REGISTRATION</title></head>
<img src=https://www.remedygroup.in/images/services/main_1628584264.jpg width="1000px"</pre>
height="500px">
<form style="background-color: rgb(198, 120, 167);">
<h1>REGISTRATION FORM</h1>
<lable for>USER NAME</lable for>
<input type="text"name="username">
<br></br>
<lable for>NATIONAL SECURITY NUMBER</lable for>
<input type="text"name="national security number">
<br></br>
<lable for>BIRTH DATE</lable for>
<input type="text"name="birth 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">
```

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<lable for="Female">Female</lable for>
<br></br>
<lable for>EMAIL</lable for>
<input type="text"name="Emai
<br></br>
<lable for>PHONE NUMBER</lable for>
<input type="text"name="Phone number">
<br></br>
<lable for>ADDRESS</lable for>
<input type="text"name="address">
<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">
<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>
```

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<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 of breath" name="Shortness of breath" value="Shortness of
breath">
<lable for="Shortness of breath">Shortness of breath</lable>
<br>
<input type="checkbox"id="Loss of taste or smell" name="Loss of taste or smell" value="Loss of taste
or smell">
<lable for="Loss of taste or smell">Loss of taste or smell</lable>
<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>
<br>
<input type="checkbox"id="Extreme tiredness, called fatigue" name="Extreme tiredness, called
fatigue" value="Extreme tiredness, called fatigue">
<lable for="Extreme tiredness, called fatigue">"Extreme tiredness, called fatigue"</lable>
<br>
<br>
<form>
<button type="submit">Submit</button>
</form>
</body>
</html>
```