



Person				
<u> ID </u>	First	Last	DOB	Phone #

Comes in Contact			
<u> ID </u>	Date	<u>Initiator ID</u>	<u>Exposed ID</u>

Disease	
<u> ID </u>	Name

Symptom		
<u> ID </u>	Type	Description

Person has disease		
<u>Person ID</u>	<u>Disease ID</u>	Date positive

Person has Symptoms		
<u>Person ID</u>	<u>Symptom ID</u>	Date Gotten