

Overview

This is a filter interview, and only if you demonstrate that you possess some practical skills will you be considered for an internship position at Intellisoft Consulting Ltd.

You are required to complete the assignment and post it in your GitHub repository. Share the links with us for review by Friday, 5th August 2022 12:00 PM. Upon successful review, you will be invited to a virtual session to demonstrate your solution and answer follow-up questions.

Assignment

Refer to the attached form

| 1. Patient identifying information | | | | Date of Birth: | | | | | | | | | | | | | | | | | | | |
|---|--|-----|--|---|--|--|--|--|--|--|--|--|--|--|--|-------|--|-----|--|------|--|--|--|
| Name _____ | | | | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td colspan="2">Month</td><td colspan="2">Day</td><td colspan="4">Year</td></tr></table> | | | | | | | | | | | | Month | | Day | | Year | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| Month | | Day | | Year | | | | | | | | | | | | | | | | | | | |
| Last | | | | First | | | | | | | | | | | | | | | | | | | |
| Middle Initial | | | | | | | | | | | | | | | | | | | | | | | |
| Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | | | | Age: _____ <input type="checkbox"/> yr <input type="checkbox"/> mo | | | | | | | | | | | | | | | | | | | |
| Race: <input type="checkbox"/> White <input type="checkbox"/> Black | | | | <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Unknown <input type="checkbox"/> Other _____ | | | | | | | | | | | | | | | | | | | |
| Facility: (If hospitalized) | | | | Present Address: | | | | | | | | | | | | | | | | | | | |
| Name _____ | | | | Facility Name (if applicable) _____ | | | | | | | | | | | | | | | | | | | |
| City _____ | | | | Street _____ | | | | | | | | | | | | | | | | | | | |
| County _____ | | | | City _____ | | | | | | | | | | | | | | | | | | | |
| State _____ Phone number _____ | | | | County _____ State _____ | | | | | | | | | | | | | | | | | | | |
| Medical Record #: _____ | | | | | | | | | | | | | | | | | | | | | | | |

Fig 1: Data collection form

Task 1

Design a simple normalised database that will be used for collecting the data represented by the form in Fig 1. Your design should include the following:

- Entity relationship diagrams
- Data dictionary
- Database Serve Query Language (SQL) scripts for creating the database and its tables.

Task 2

Build a simple web form using your favourite programming language that can be used to collect data using the form above. The form should be able collect and save data in the database.