Html code

<!DOCTYPE html>

<html lang="en">

<head>

    <title>Covid-19  Registration form </title>

    <link rel="stylesheet" href="project2.css">

</head>

<body>

    <h1>Covid-19 vaccination </h1>

        <div class="main">

            <img src="/photos/corona.jfif" alt=width="250px" height="280px" >

            <img src="/photos/injection.jfif" alt=width="250px" height="280px" >

            <img src="/photos/vaccine2.jfif" alt=width="250px" height="280px" >

         </div>   <br>

         <div  class="container">

        <h1> Precautions to Take Post Covid-19 Vaccination</h1>

        <ul>

<li><h3>it is recommended to use a mask when in public places or otherwise, even after getting vaccinated. </h3></li>

<li><h3>Those who have been vaccinated should still avoid visiting crowded places, follow social distancing</h3></li>

<li><h3>It is also recommended to avoid strenuous activities for at least 4-5 days after getting the Covid-19 vaccination. </h3></li>

<li><h3> intake of alcohol and smoking should be avoided for a few days. But nothing signifies that vaccination should be avoided.  </h3></li>

</ul>

    </div><br><br><br>

   <h2 style="color: tomato;"> Covid 19 vaccine registration form</h2>

   <div  class="container" style="height:1200px;">

   <div class="form">

            <fieldset>

           <legend>Name</legend>

           <label>First Name<input type="text" name="text"></label>

           <label>Middle Name<input type="text" name="text"></label>

           <label>last Name<input type="text" name="text"></label>

             </fieldset><br>

             <fieldset>

                <label form="start">Birth Date</label>

                <input type="date" name="begin" placeholder="dd-mm-yyyy">

                <label>   Gender     <input type="radio" name="text" value="male">Male

                    <input type="radio" name="text" value="female">Female</label>

                </fieldset><br>

                <fieldset>

                    <label> Email id <input type="text" name="email"></label>

                    <label>  Phone No  <input type="text" name="Phone no"></label>

                </fieldset>

                <fieldset>

                    <legend>Address</legend>

                   <label>Street Address<input  type="text" name="street address"><label>

                    <label>City<input  type="text" name="city"><label>

                        <label>State/province<input  type="text" name="state"><label>

                            <label>postal/zip<input  type="text" name="postal zip"><label>

                </fieldset><br>

                <h2 style="color: blueviolet;" >Medicare number</h2><hr>

              <p><b> Please refer to your Medicare Part B card for this number</b></p><br>

              <legend>Medicare Id number</legend>

              <input type="text" name="medicare no"><br>

            <p><b> Please check the box of any chronic health condition you are being treated for.</b></p>

            <label> <input type="checkbox" name="disease" value="dibetes"> Dibetes</label>

            <label><input type="checkbox" name="disease" value=" Heart Disease"> Dibetes</label><br>

            <label><input type="checkbox" name="disease" value="obesity"> Obesity</label>

            <label><input type="checkbox" name="disease" value="hypertension"> Hypertension</label><br>

            <label><input type="checkbox" name="disease" value="smoker"> Smoker</label>

            <label><input type="checkbox" name="disease" value="orgain transplant"> Organ Transplant</label><br>

            <label><input type="checkbox" name="disease" value="Asama"> Asama</label>

            <label><input type="checkbox" name="disease" value="cancer"> Cancer</label><br>

            <label><input type="checkbox" name="disease" value="kidney">Kidney </label>

            <label><input type="checkbox" name="disease" value="pregrancy">pregrancy</label><br>

            <p><b>Please list any allergies</b></p>

           <textarea   placeholder="type here...." maxlength=“200”></textarea><br><br>

           <legend>Current Occupation</legend>

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

           <p>I hearby declare that all the imformation  are accurate</p>

           <input type="button"><br><br>

            <h4><b<pre></pre>By submitting this form you will be added to our database of customers wishing to receive the Covid-19 Vaccine. We will notify you of when your will be able to schedule an appointment to receive the vaccine as it becomes available. All vaccinations will be by appointment. Availability to schedule an appointment will be based on recommendations from the CDC and the Pennsylvania Department of Health.

            </b></h4><br>

<p><pre>I understand the statement above as it pertains to scheduling for administration of the Covid-19 Vaccine and will wait for a response from DuBois Drug & Wellnss o</pre></p>

        <label><input type="radio" name="button"> I Agree to the Above statement </label><br><br>

       <input type="button" class="button" value="Register">

   </div>

   </div>

</body>

</html>

Css code

h1{

    background-color: burlywood;

    color:darkblue;

    margin:10px 10px 20px 20px;

    text-align: center;

    padding: 20px;

    border:5px tomato dotted;

}

  body{

        background-color:whitesmoke;

  }

\*{

    box-sizing: 0px;

}

.main{

    display:flex;

}

.img{

    height:280px;

    width:250px;

    padding:50px;

}

.container{

            margin-left:4px;

            margin-top:30px;

            padding:10px;

            position: relative;

            width:1200px;

            height:200px;

            border:3px blue double;

            float:left;

            background-color:burlywood;

}

 div h1{

               text-align:left;

               color:blueviolet;

               border:0px;

               background-color: none;

               margin: auto;

               padding: 0px;

}

.container form{

                 width:30px;

                 height:450px;

                 background-color: white;

}

h2{

    line-height: 1px;

    padding-bottom: 5px;

}

legend input{

           border:2px;

           border-radius: 2px;

}

textarea{

     border:2px skyblue solid;

     width:20px;

}

label input {

    padding-right: 10em;

}

.button {

  background-color:blue;

  border: 2px red solid;

  border-radius: 3px;

  color: white;

  padding: 15px 32px;

  text-align: center;

  text-decoration: none;

  display: inline-block;

  font-size: 16px;

  margin-right: 40px;

  cursor: pointer;

}

