|  |  |
| --- | --- |
| CityName | CityId |
|  |  |
|  |  |
|  |  |

City

Manufacturers

|  |  |
| --- | --- |
| ManufacturerId | FullName |
|  |  |
|  |  |

PersonalDetails

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| NumOfVaccinations | ArrVaccinations | Recovery | PositiveResult | Manager | MobilePhone | Phone | BirthDate | NumberHouse | Street |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| CityId | LastName | FirstName | TzPerson | patientId |
|  |  |  |  |  |
|  |  |  |  |  |

Vaccination

|  |  |  |  |
| --- | --- | --- | --- |
| ManufacturerId | DateOfVaccination | patientId | Id |
|  |  |  |  |
|  |  |  |  |