

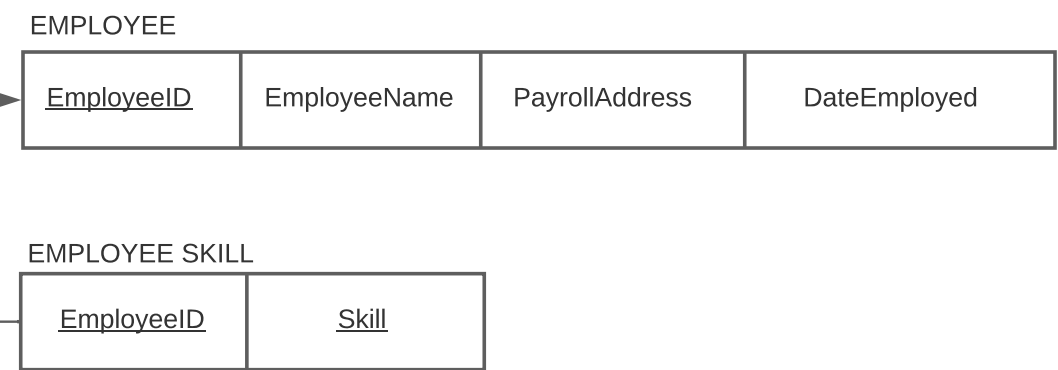
|                    |
|--------------------|
| EMPLOYEE           |
| <u>Employee ID</u> |
| Employee Name      |
| Payroll Address    |
| Date Employed      |
| {Skill}            |
| [Years Employed]   |

|                       |
|-----------------------|
| FLIGHT                |
| <u>Flight ID</u>      |
| (Flight Number, Date) |
| Number of Passengers  |
| Airline Name          |

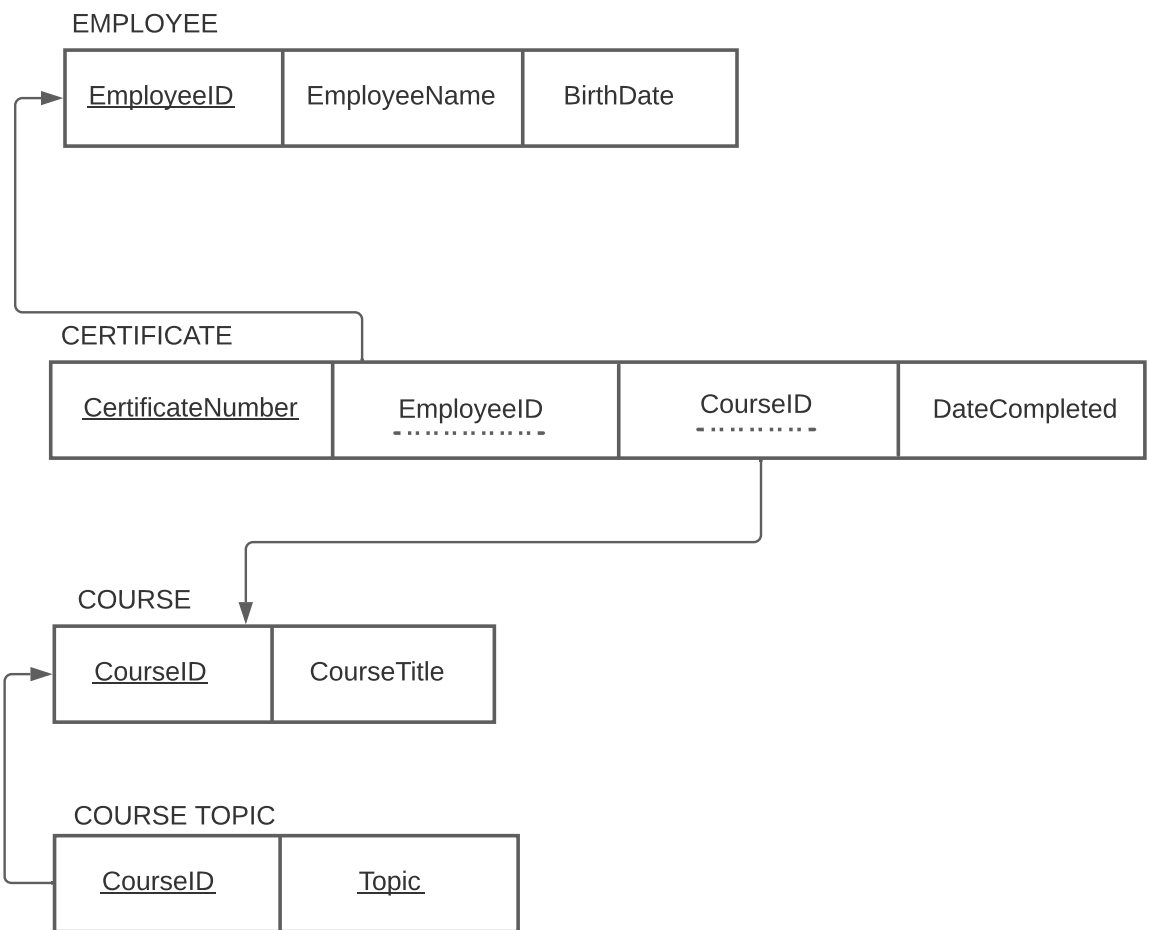
|                    |
|--------------------|
| EMPLOYEE           |
| <u>Employee ID</u> |
| Employee Name      |
| Birth Date         |

|                  |
|------------------|
| COURSE           |
| <u>Course ID</u> |
| Course Title     |
| {Topic}          |

|                           |
|---------------------------|
| CERTIFICATE               |
| <u>Certificate Number</u> |
| Date Completed            |



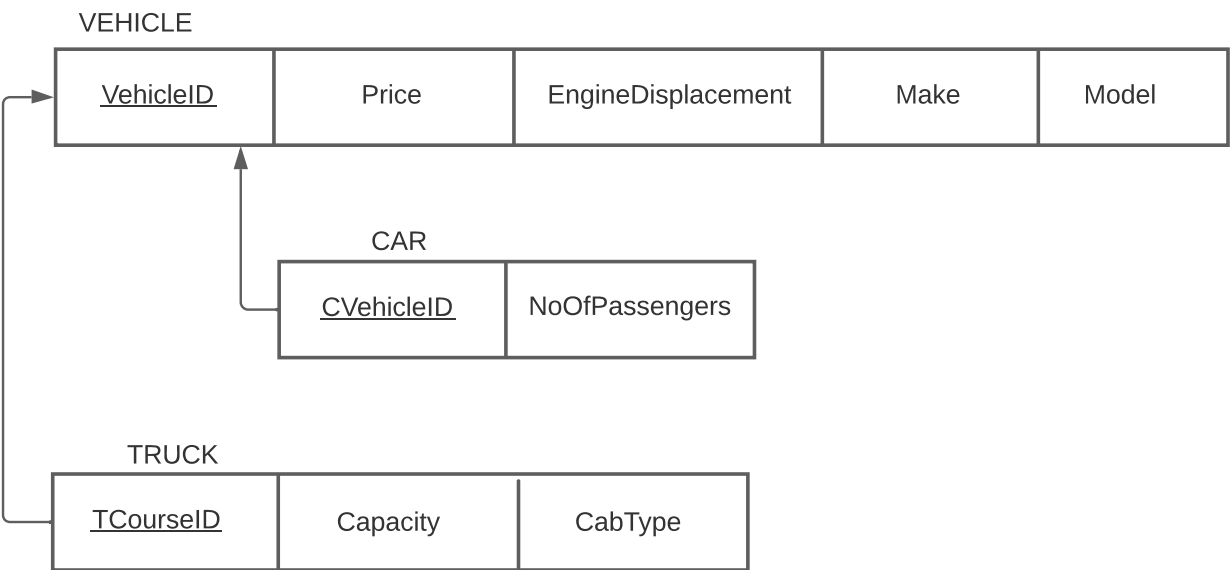
|                     |
|---------------------|
| FLIGHT              |
| <u>FlightNumber</u> |
| <u>Date</u>         |
| NumberOfPassengers  |
| AirlineName         |



|                     |
|---------------------|
| VEHICLE             |
| <u>Vehicle ID</u>   |
| Price               |
| Engine Displacement |
| Vehicle Name        |
| (Make, Model)       |

|                  |
|------------------|
| CAR              |
| No Of Passengers |

|          |
|----------|
| TRUCK    |
| Capacity |
| Cab Type |



|                   |
|-------------------|
| PATIENT           |
| <u>Patient ID</u> |
| Patient Name      |
| Admit Date        |

|                          |
|--------------------------|
| RESPONSIBLE<br>PHYSICIAN |
| <u>Physician ID</u>      |

|                |
|----------------|
| OUTPATIENT     |
| Checkback Date |

|                  |
|------------------|
| RESIDENT PATIENT |
| Date Discharged  |

|               |
|---------------|
| BED           |
| <u>Bed ID</u> |

