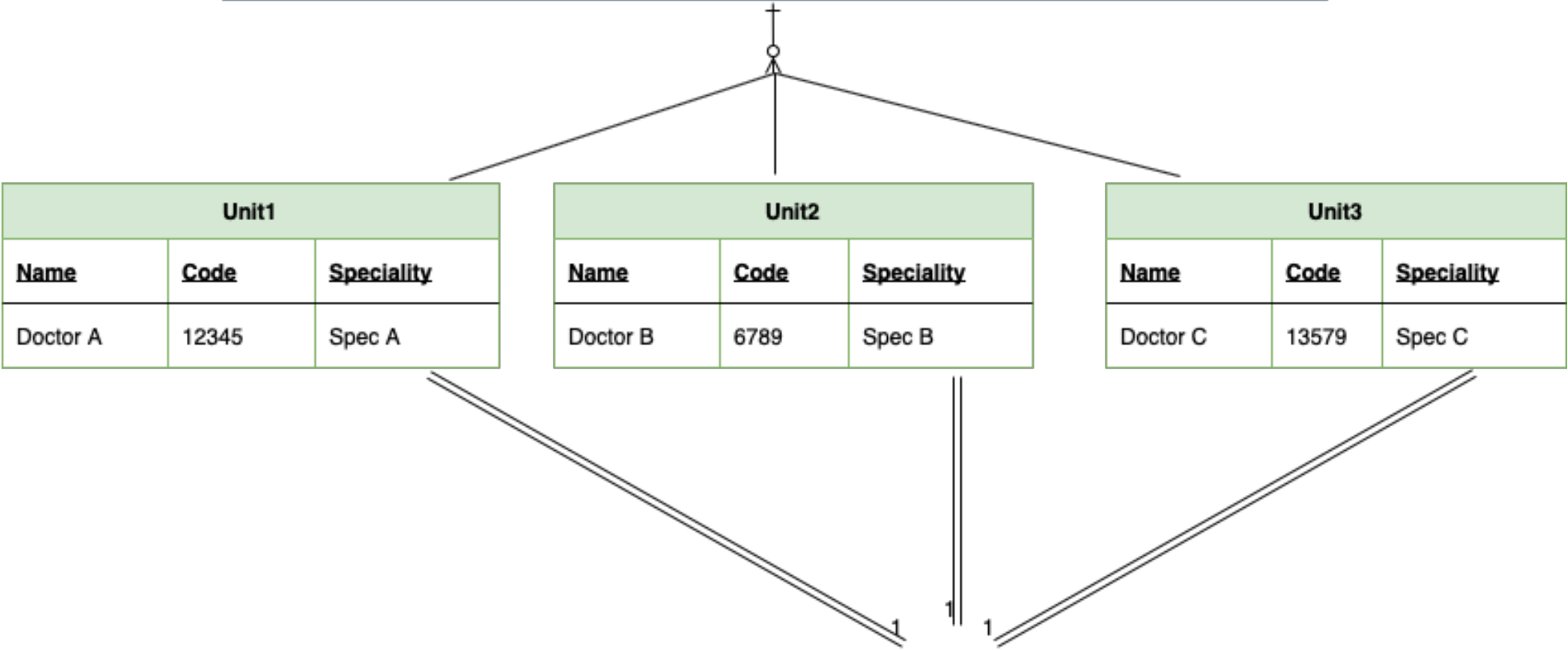


Health Center		
Unit 1 First Floor	Unit 2 Second Floor	Unit 3 Third Floor



Interventions		
Symptom	Treatment	Date
X	ABC	2020-05-10
Y	DEF	2020-04-03
Z	GHI	2020-03-14

Patients		
Name	Social Security Number	Date Admission
A	123456 1234	2020-05-10
B	23456 7654	2020-04-03
C	345678 9876	2020-03-14