

## ← Code Playground



HTML

CSS

JS

OUTPUT

```
1 <!DOCTYPE html>
2 <html lang="en">
3 <head>
4   <meta charset="UTF-8" />
5   <meta name="viewport"
6     content="width=device-width,
7     initial-scale=1.0" />
8   <title>Patient Record System</title>
9   <style>
10     body {
11       font-family: Arial, sans-serif;
12       background-color: white;
13       margin: 20px;
14     }
15     .container {
16       width: 60%;
17       margin: auto;
18       background-color: powderblue;
19       padding: 25px;
20       border-radius: 10px;
21       box-shadow: 0 0 10px rgba(0, 0, 0, 0.1);
22       color: black;
23     }
24     h1 {
25       text-align: center;
26       color: purple;
27       font-size: 23px;
28     }
29     label {
30       font-weight: bold;
31       display: block;
32       margin-top: 15px;
33     }
34     input[type="text"],
35     input[type="email"],
36     input[type="tel"],
37     input[type="date"],
38     select,
39     textarea {
40       width: 100%;
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RUN



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```
42     width: 100%;
43     padding: 10px;
44     margin-top: 5px;
45     border: 1px solid #ccc;
46     border-radius: 5px;
47 }
48
49 .gender-options {
50     margin-top: 5px;
51 }
52
53 .gender-options label {
54     font-weight: normal;
55     margin-right: 15px;
56 }
57
58 input[type="submit"] {
59     background-color: #28a745;
60     color: white;
61     padding: 10px 25px;
62     margin-top: 20px;
63     border: none;
64     border-radius: 5px;
65     cursor: pointer;
66 }
67
68 input[type="submit"]:hover {
69     background-color: #218838;
70 }
71 </style>
72 </head>
73 <body>
74     <div class="container">
75         <h1>Patient Record System</h1>
76         <form action="#" method="post">
77
78             <label for="name">Patient Name:</label>
79             <input type="text" id="name" name="name"
80 required />
81
82             <label for="age">Age:</label>
83             <input type="text" id="age" name="age"
84 required />
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```
66     }
67
68     input[type="submit"]:hover {
69         background-color: #218838;
70     }
71 </style>
72 </head>
73 <body>
74     <div class="container">
75         <h1>Patient Record System</h1>
76         <form action="#" method="post">
77
78             <label for="name">Patient Name:</label>
79             <input type="text" id="name" name="name"
required />
80
81             <label for="age">Age:</label>
82             <input type="text" id="age" name="age"
required />
83
84             <label>Gender:</label>
85             <div class="gender-options">
86                 <label><input type="radio"
name="gender" value="Male" required /> Male</
label>
87                 <label><input type="radio"
name="gender" value="Female" /> Female</label>
88                 <label><input type="radio"
name="gender" value="Other" /> Other</label>
89             </div>
90
91             <label for="phone">Phone:</label>
92             <input type="tel" id="phone"
name="phone" required />
93
94             <label for="symptoms">Symptoms:</label>
95             <textarea id="message" name="message"
rows="3" required></textarea>
96
97             <input type="submit" value="Submit" />
98         </form>
99     </div>
100 </body>
101 </html>
```

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## Patient Record System

**Patient Name:**

**Age:**

**Gender:**

- ☐ Male
- ☐ Female
- ☐ Other

**Phone:**

**Symptoms:**

Submit



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3 <head>
4   <meta charset="UTF-8" />
5   <meta name="viewport"
6     content="width=device-width,
7     initial-scale=1.0" />
8   <title>Course Management Form</title>
9   <style>
10     body {
11       font-family: Arial, sans-serif;
12       margin: 20px;
13       background: linear-gradient(to right,
14         #fff8dc, #d0e7ff);
15     }
16
17     .container {
18       width: 60%;
19       margin: auto;
20       background-color: white;
21       padding: 25px;
22       border-radius: 10px;
23       box-shadow: 0 0 20px rgba(0, 0, 0, 0.1);
24       color: #333;
25     }
26
27     h1 {
28       text-align: center;
29       color: #003366;
30       font-size: 25px;
31     }
32
33     label {
34       font-weight: bold;
35       display: block;
36       margin-top: 15px;
37       color: #444;
38     }
39
40     input[type="text"],
41     textarea {
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```
33     margin-top: 15px;
34     color: #444;
35 }
36
37 input[type="text"],
38 textarea {
39     width: 100%;
40     padding: 10px;
41     margin-top: 5px;
42     border: 1px solid #ccc;
43     border-radius: 5px;
44     background-color: #f9f9f9;
45 }
46
47 textarea {
48     resize: vertical;
49 }
50
51 input[type="submit"] {
52     background-color: #007BFF;
53     color: white;
54     padding: 10px 25px;
55     margin-top: 20px;
56     border: none;
57     border-radius: 5px;
58     cursor: pointer;
59 }
60
61 input[type="submit"]:hover {
62     background-color: #0056b3;
63 }
64 </style>
65 </head>
66 <body>
67     <div class="container">
68         <h1>Course Management Form</h1>
69         <form action="#" method="post">
70             <label for="courseId">Course ID:</label>
71             <input type="text" id="courseId"
72 name="courseId" required />
73
74             <label for="courseName">Course Name:</
75 label>
76             <input type="text" id="courseName"
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```
47     text-align: center;
48     resize: vertical;
49 }
50
51 input[type="submit"] {
52     background-color: #007BFF;
53     color: white;
54     padding: 10px 25px;
55     margin-top: 20px;
56     border: none;
57     border-radius: 5px;
58     cursor: pointer;
59 }
60
61 input[type="submit"]:hover {
62     background-color: #0056b3;
63 }
64 </style>
65 </head>
66 <body>
67     <div class="container">
68         <h1>Course Management Form</h1>
69         <form action="#" method="post">
70             <label for="courseId">Course ID:</label>
71             <input type="text" id="courseId"
72 name="courseId" required />
73
74             <label for="courseName">Course Name:</
75 label>
76             <input type="text" id="courseName"
77 name="courseName" required />
78
79             <label for="duration">Duration:</label>
80             <input type="text" id="duration"
81 name="duration" required />
82
83             <label for="fees">Fees:</label>
84             <textarea id="fees" name="fees" rows="3"
85 required></textarea>
86
87             <input type="submit" value="Submit" />
88         </form>
89     </div>
90 </body>
91 </html>
```

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# Course Management Form

Course ID:

Course Name:

Duration:

Fees:

Submit