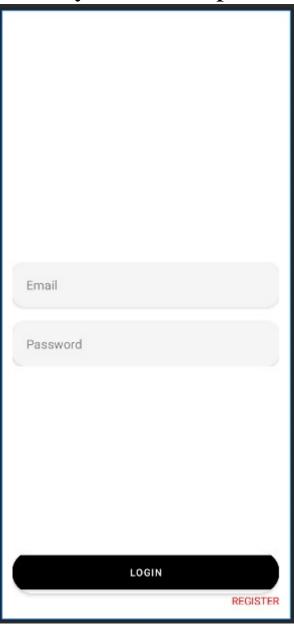
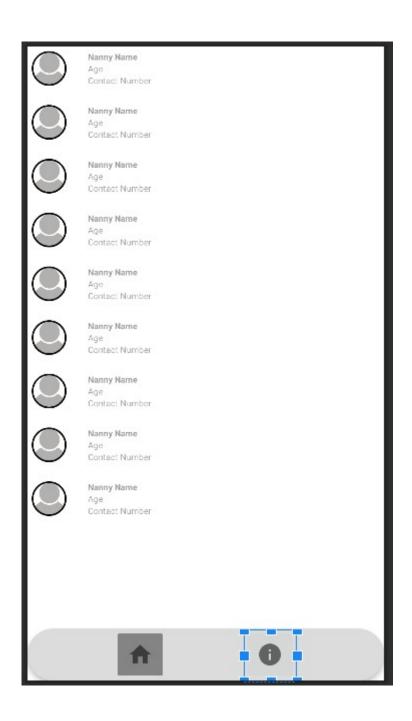
Screen Layout and Report Layout







Full Name
Age
Blood Group
Vaccines
☐ Vaccine1
☐ Vaccine2
☐ Vaccine3
☐ Vaccine4
Allergies
In case of emergency family doctors number
ADD

