Name: Akhil Montrose

ID: 81788

Course Code: WEBP3001

**Lecturer:** Emile Ramlal

**Document Type:** Assignment 3

# **Index.php:**

```
<?php
   include 'db_connection.php';
   $conn = OpenCon();

   echo "Connected Successfully";

   CloseCon($conn);
?>
```

## Db\_connect.php

```
function OpenCon()
{
    $dbhost = "localhost";
    $dbuser = "root";
    $dbpass = "";
    $db = "covid_form";

$conn = new mysqli($dbhost, $dbuser, $dbpass,$db) or die("Connect failed: %s\n". $conn -> error);
return $conn;
}

function CloseCon($conn){
    $conn -> close();
}
```

#### Form1.php

```
<!DOCTYPE html>
    <html>
    <head>
        <title>Covid Vaccine Form</title>
        <meta name="viewport" content="width=device-width, initial-1.0">
        <link rel="stylesheet" href="style.css">
    </head>
    <body>
        <div class="container">
            <img src="health.jpg">
            <h1>Covid-19 Vaccination Pre-Registration Form</h1>
                <b:>1. BIODATA</b> <i>(To be completed by Applicant in all)
capital letters)</i>
            <form action = "form2.php" method = "POST">
                <label>Vaccination Site</label><br>
                <input type="text" name="vaccination_site" id="Vaccination"</pre>
required><br>
                <label>Last Name</label> <label>First Name</label> <label</pre>
id="oth">Other</label><br>
                <input type="text" name="last name" id="last name" required>
                <input type="text" name="first_name" id="first name" required>
                <input type="text" name="other" id="other" required> <br>
                <label>Identification</label> <label id="d"> Date of Birth
(dd/mm/yyyy)</label> <label id="g">Gender</label><br>
                <input type="checkbox" name="" id="identification"> ID
                <input type="checkbox" name="" id="dp"> DP
                <input type="date" name="dob" id="date" required>
                <input type="text" name="gender" id="other2" required> <br>
                <input type="checkbox" name="" id="check"> BP
                <input type="checkbox" name="" id=""> PP <br>
                <label>Identification No.</label> <label id="age">Age</label>
<label id="nat">Nationality</label><br>
                <input type="text" name="id no" required>
                <input type="text" name="age" required>
                <input type="text" name="nationality" id="nationality"</pre>
required><br>
                <label>Address</label> <label id="contact">Contact No. (xxx-
xxxx)</label> <label id="kin">Name of Next of Kin</label><br>
                <textarea id="atarea" name="address" required></textarea>
                <input type="text" name="contact_num" id="cont" required>
                <input type="text" name="kin" id="nkin" required>
```

#### Form2.php

```
<?php
// Initialize the session
session_start();
// Store the submitted data sent
// via POST method, stored
// Temporarily in $ POST structure.
$_SESSION['vaccination_site'] = $_POST['vaccination_site'];
$_SESSION['last_name'] = $_POST['last_name'];
$_SESSION['first_name'] = $_POST['first_name'];
$_SESSION['other'] = $_POST['other'];
$_SESSION['dob'] = $_POST['dob'];
$_SESSION['gender'] = $_POST['gender'];
$ SESSION['identification'] = $ POST['id no'];
$_SESSION['age'] = $_POST['age'];
$_SESSION['nationality'] = $_POST['nationality'];
$_SESSION['address'] = $_POST['address'];
$_SESSION['contactNum'] = $_POST['contact_num'];
$_SESSION['nameOfNextKin'] = $_POST['kin'];
$_SESSION['occupationLocation'] = $_POST['work'];
$ SESSION['nextOfKinCon'] = $ POST['kinc'];
$_SESSION['email'] = $_POST['email'];
<!DOCTYPE html>
<html>
    <title>Covid Vaccine Form</title>
    <meta name="viewport" content="width=device-width, initial-1.0">
    <link rel="stylesheet" href="style.css">
</head>
<body>
    <div class="container">
            <1i>>
                <box><b>3. VACCINATION INFORMATION</b></b>
            <form action = "form3.php" method = "POST">
            <label>Date of vaccination (dd/mm/yyyy)</label><br>
            <input type="date" name="vaccine_date" id="vaxdate" required><br>
            <label>Name of Vaccine</label><label>Expiry Date</label><br>
```

#### Form3.php

```
<?php
$conn = mysqli_connect("localhost", "root", "", "covid_form");
// Check connection
if ($conn === false) {
    die("ERROR: Could not connect. "
        . mysqli_connect_error());
session start();
$vaccination_site =$_SESSION['vaccination_site'];
$last_name=$_SESSION['last_name'];
$first name=$ SESSION['first_name'];
$other= $ SESSION['other'];
$dob= $_SESSION['dob'];
$gender= $_SESSION['gender'];
$identification= $ SESSION['identification'];
$age= $_SESSION['age'];
$nationality= $_SESSION['nationality'];
$address= $_SESSION['address'];
$contactNum=$_SESSION['contactNum'];
$nameOfNextKin= $_SESSION['nameOfNextKin'];
$occupationLocation= $_SESSION['occupationLocation'];
$nextOfKinCon= $ SESSION['nextOfKinCon'];
$email= $_SESSION['email'];
$dateOfVaccination = $ POST['vaccine date'];
$vaccineName = $_POST['vaccine_name'];
$expiryDate = $ POST['expiry date'];
$nextAppointment = $_POST['appointment'];
$vaccinatorName = $_POST['vaccinator'];
$sql = "INSERT INTO covid info (vaccination site, last name, first name,
other, dob, gender, identification, age, nationality, address, contactNum,
nameOfNextKin, occupationLocation, nextOfKinCon, email, dateOfVaccination,
vaccineName, expiryDate, nextAppointment, vaccinatorName) values
('$vaccination_site', '$last_name', '$first_name', '$other', '$dob',
'$gender', '$identification', '$age', '$nationality', '$address',
'$contactNum', '$nameOfNextKin', '$occupationLocation', '$nextOfKinCon',
$\text{$email', '$dateOfVaccination', '$vaccineName', '$expiryDate',
 $nextAppointment', '$vaccinatorName') ";
if(mysqli_query($conn, $sql)){
        echo "The Information was stored in the database successfully.";
        echo "ERROR: Hush! Sorry $sql. "
            . mysqli_error($conn);
```

#### Display.php

```
<?php
$dbhost = "localhost";
$dbuser = "root";
$dbpass = "";
$db = "covid form";
$conn = new mysqli($dbhost, $dbuser, $dbpass, $db);
if ($conn === false) {
   die("ERROR: Could not connect. "
      . mysqli_connect_error());
$sql = "SELECT * FROM covid_info";
$result = $conn->query($sq1);
<!DOCTYPE html>
<html>
<title>Info Page</title>
      <title>Covid Vaccine Information</title>
      <meta name="viewport" content="width=device-width, initial-1.0">
      <link rel="stylesheet" href="style.css">
   </head>
<body>
   ID
         Vaccination Site
          Last Name
         First Name
          Other
         Date of Birth
         Gender
         IDentification
         Age
         Nationality
         Address
          Contact Number
          Name of Next of Kin
          Place of Work
         Next oF Kin Contact
          Email
         Date of Vaccination
         Vaccine Name
```

```
Expiry Date
         Next Appointment
         Vaccinator Name
      <?php
      while ($rows = mysqli fetch array($result)) {
         <?php echo $rows['id']; ?>
            <?php echo $rows['vaccination_site']; ?>
            <?php echo $rows['last name']; ?>
            <?php echo $rows['first_name']; ?>
            <?php echo $rows['other']; ?>
            <?php echo $rows['dob']; ?>
            <?php echo $rows['gender']; ?>
            <?php echo $rows['identification']; ?>
            <?php echo $rows['age']; ?>
            <?php echo $rows['nationality']; ?>
            <?php echo $rows['address']; ?>
            <?php echo $rows['contactNum']; ?>
            <?php echo $rows['nameOfNextKin']; ?>
            <?php echo $rows['occupationLocation']; ?>
            <?php echo $rows['nextOfKinCon']; ?>
            <?php echo $rows['email']; ?>
            <?php echo $rows['dateOfVaccination']; ?>
            <?php echo $rows['vaccineName']; ?>
            <?php echo $rows['expiryDate']; ?>
            <?php echo $rows['nextAppointment']; ?>
            <?php echo $rows['vaccinatorName']; ?>
         <?php
      }
   <button class="noprint" onClick="window.print()"> Print this Data</button>
</body>
</html>
```

### Style.css (copy and pasted the same stylesheet from assignment 2)

```
margin: 0;
    padding: 0;
hr {
    border-top: 3px solid black;
   width: 95%;
   margin: 0 auto;
body {
   margin: 0;
   padding: 0;
img {
   width: 150px;
   height: 150px;
   /* margin-bottom: 40px; */
.container {
   margin: auto;
   width: 80%;
   border-radius: 5px;
   border-color: black;
   border-style: solid;
   margin-bottom: 30px;
h1 {
   text-align: center;
h3 {
   text-align: center;
pre {
   font-family: 'Times New Roman', Times, serif;
li {
   margin-left: 20px;
  list-style: none;
```

```
textarea {
    border-color: rgb(55, 137, 225)
label {
   position: auto;
   margin-left: 30px;
   margin-right: 200px;
input[type="text"] {
   margin-left: 30px;
   margin-right: 97px;
   margin-bottom: 20px;
    border-color: rgb(55, 137, 225);
input[type="checkbox"] {
   padding: 3px;
   margin-left: 50px;
    transform: scale(1.5);
   margin-bottom: 12px;
   border-color: rgb(55, 137, 225);
input[type="email"] {
    border-color: rgb(55, 137, 225);
button {
    background-color: #4CAF50;
   margin-left: 45%;
   display: block;
   margin-bottom: 20px;
   border: none;
    color: white;
    padding: 15px 32px;
   text-align: center;
    text-decoration: none;
   font-size: 16px;
    cursor: pointer;
input[type="date"] {
    border-color: rgb(55, 137, 225);
```

```
/* page 1 */
#gen {
  margin-left: 230px;
#oth {
  margin-left: 100px;
#other2 {
  margin-left: 225px;
#other {
  margin-left: 100px;
#d {
 margin-left: 15px;
#g {
 margin-left: -11px;
#date {
  margin-left: 155px;
#age {
 margin-left: -12px;
#nat {
  margin-left: 140px;
#nationality {
  margin-left: 100px;
#contact {
 margin-left: 48px;
```

```
#kin {
  margin-left: 15px;
#nkin {
   margin-left: 100px;
#address {
   margin-left: 30px;
   height: 50px;
#work {
  margin-left: 63px;
#ckin {
   margin-left: 78px;
#nkinc {
   margin-left: 100px;
#email {
   margin-left: 30px;
   width: 220px;
#wo {
  margin-left: 78px;
#yes {
   margin: auto;
   text-align: center;
   transform: scale(1);
#no {
   margin: auto;
   text-align: center;
   transform: scale(1);
   margin-left: 4px;
```

```
#third {
   width: 140px
#p3 {
   text-align: center;
    margin-top: 20px;
    font-size: 16px;
    font-weight: bold;
#tabletext {
   width: 93%;
    margin-top: 20px;
    margin-left: 3px;
#atarea {
   resize: none;
    height: 50px;
   margin-left: 30px;
#cont {
   margin-left: 135px;
/* page 1 end */
/* page 2 */
#vaxdate {
   margin-left: 30px;
   margin-bottom: 20px;
#bat {
   margin-left: 80px;
#exp {
   margin-left: 65px;
#batc {
 margin-left: 210px;
```

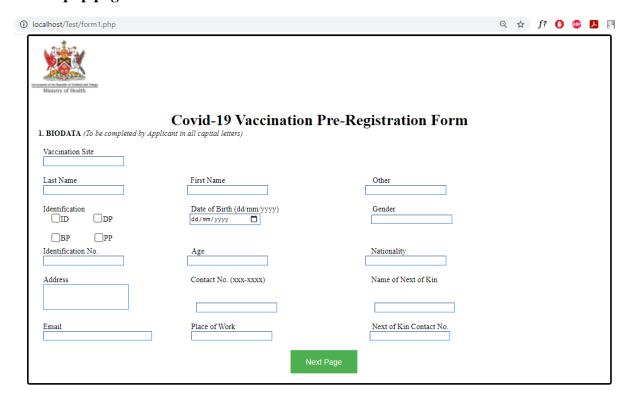
```
#desc {
  margin-left: 45px;
#bgl {
  margin-left: 39px;
#glu {
  margin-left: 65px;
#adv {
  margin-left: 60px;
#in {
  margin-left: -190px;
#adve {
  margin-left: 10px;
#tarea {
  resize: none;
  height: 50px;
  margin-left: 215px;
#ici {
  margin-left: -150px;
#nad {
  margin-left: -140px;
#nav {
  margin-left: -170px;
#sav {
  margin-left: -140px;
```

```
/* page 2 */
/* ----- Table ----- */
table {
  margin: auto;
  margin-bottom: 20px;
th {
  background-color: grey
#one {
   text-align: center;
   vertical-align: middle;
/* td {
 text-align: center;
} */
table,
th,
td {
   border: 1px black solid;
   border-collapse: collapse;
```

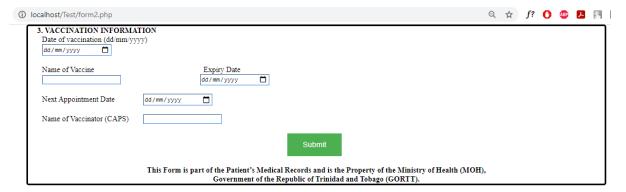
# **Index.php Page:**



## Form1.php page:



## Form2.php Page:



# Form3.php Page:

← → C (i) localhost/Test/form3.php

The Information was stored in the database successfully.

#### **Database:**



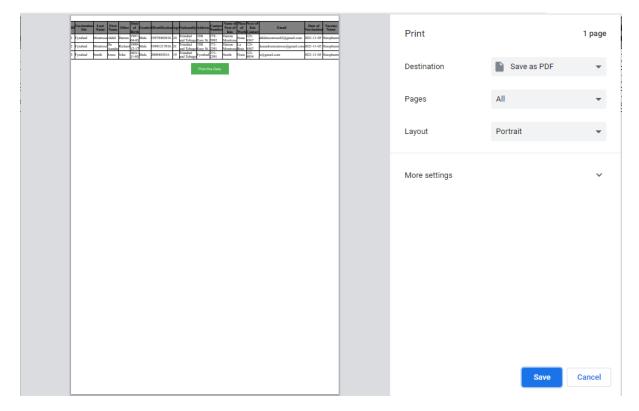
email	dateOfVaccination	vaccineName	expiryDate	nextAppointment	vaccinatorName
akhilmontrose62@gmail.com	2021-11-05	Sinopharm	2021-12-10	2021-11-19	FELIX
deaundremontrose@gmail.com	2021-11-05	Sinopharm	2021-12-10	2021-11-19	FELIX
js@gmail.com	2021-11-05	Sinopharm	2021-11-05	2021-11-05	JOHN

# **Display.php** screenshot:

11	Vaccination Site	Last Name	First Name	Other	Date of Birth	Gender	IDentification	Age	Nationality		Contact Number	Kin	of Work	Kin Contact	Email	Date of Vaccination		Date	Next Appointment	Vaccinator Name
1	Fyzabad	Montrose		Darran	04-03	Male	19970403016		Trinidad and Tobago	35B Easy St.	275-5992	Darran Montrose			akhilmontrose62@gmail.com				2021-11-19	FELIX
2	Fyzabad	Montrose	De Aundre	Richard	1999- 12-17	Male	19991217016	21		Easy St.	271-2391	Montrose		123-4567	deaundremontrose@gmail.com	2021-11-05	Sinopharm	2021- 12-10	2021-11-19	FELIX
3	Fyzabad	Smith	Jones		2021- 11-05	Male	2000403016	19	Trinidad and Tobago	Fyzabad	271-2391	Smith	None	123-4054	js@gmail.com	2021-11-05	Sinopharm	2021- 11-05	2021-11-05	JOHN

Print this Data

# Print page:



ı.																	
Ι	Vaccination Site	Last Name	First Name	Other	Date of Birth		IDentification	Age	Nationality	Address	Contact Number	Next of	of	Next oF Kin Contact	Email	Date of Vaccination	Vaccine Name
1	Fyzabad	Montrose	Akhil		04-03		19970403016	24	Trinidad and Tobago			Darran Montrose	None	123- 4567	akhilmontrose62@gmail.com	2021-11-05	Sinopharm
2	Fyzabad		De Aundre				19991217016	21	and Tobago			Darran Montrose	Brea	4007	deaundremontrose@gmail.com	2021-11-05	Sinopharm
3	Fyzabad	Smith	Jones	John	2021- 11-05	Male	2000403016	19	Trinidad and Tobago	Fyzabad	271- 2391	Smith	None	123- 4054	js@gmail.com	2021-11-05	Sinopharn:

Print this Data