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**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

```
<?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">
        
        <h1>Covid-19 Vaccination Pre-Registration Form</h1>
        <ul>
            <li><b>1. BIODATA</b> <i>(To be completed by Applicant in all
capital letters)</i></li><br>
        </ul>

        <form action = "form2.php" method = "POST">
            <label>Vaccination Site</label><br>
            <input type="text" name="vaccination_site" id="Vaccination"
required><br>
            <label>Last Name</label> <label>First Name</label> <label
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"
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>
```

```
        <label>Email</label> <label id="work">Place of Work</label>
<label id="ckin">Next of Kin Contact No.</label><br>
        <input type="email" id="email" name="email" required>
        <input type="text" name="work" id="wo" required>
        <input type="text" name="kinc" id="nkinc" required>
        <button type="submit">Next Page</button></a>
    </form>
</div>
</body>

</html>
```

## 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>

<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">
        <ul>
            <li>
                <b>3. VACCINATION INFORMATION</b>
            </li>
        </ul>

        <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>
```

```
<input type="text" name="vaccine_name" id="nvax" required>
<input type="date" name="expiry_date" id="exp" required><br>
<label>Next Appointment Date</label><input type="date"
name="appointment" id="nad" required><br><br>
<label>Name of Vaccinator (CAPS)</label><input type="text"
name="vaccinator" id="nav" required><br>
<button type="submit">Submit</button>
<p id="p3">This Form is part of the Patient's Medical Records and
is the Property of the Ministry of Health (MOH),<br> Government of the
Republic of Trinidad and Tobago (GORTT).</p>
</form>
</div>
</body>
</html>
```

### 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', '$nextOfKinCon',
'$email', '$dateOfVaccination', '$vaccineName', '$expiryDate',
'$nextAppointment', '$vaccinatorName') ";
if(mysqli_query($conn, $sql)){
    echo "The Information was stored in the database successfully.";
} else{
    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 = $conn->query($sql);

?>
<!DOCTYPE html>
<html>
<title>Info Page</title>
<head>
    <title>Covid Vaccine Information</title>
    <meta name="viewport" content="width=device-width, initial=1.0">
    <link rel="stylesheet" href="style.css">
</head>

<body>

    <table>
        <tr>
            <th>ID</th>
            <th>Vaccination Site</th>
            <th>Last Name</th>
            <th>First Name</th>
            <th>Other</th>
            <th>Date of Birth</th>
            <th>Gender</th>
            <th>IDentification</th>
            <th>Age</th>
            <th>Nationality</th>
            <th>Address</th>
            <th>Contact Number</th>
            <th>Name of Next of Kin</th>
            <th>Place of Work</th>
            <th>Next of Kin Contact</th>
            <th>Email</th>
            <th>Date of Vaccination</th>
            <th>Vaccine Name</th>
        </tr>
    </table>
</body>
</html>
```

```

        <th>Expiry Date</th>
        <th>Next Appointment</th>
        <th>Vaccinator Name</th>
    </tr>
    <?php
    while ($rows = mysqli_fetch_array($result)) {
    ?>

        <tr>
            <td><?php echo $rows['id']; ?></td>
            <td><?php echo $rows['vaccination_site']; ?></td>
            <td><?php echo $rows['last_name']; ?></td>
            <td><?php echo $rows['first_name']; ?></td>
            <td><?php echo $rows['other']; ?></td>
            <td><?php echo $rows['dob']; ?></td>
            <td><?php echo $rows['gender']; ?></td>
            <td><?php echo $rows['identification']; ?></td>
            <td><?php echo $rows['age']; ?></td>
            <td><?php echo $rows['nationality']; ?></td>
            <td><?php echo $rows['address']; ?></td>
            <td><?php echo $rows['contactNum']; ?></td>
            <td><?php echo $rows['nameOfNextKin']; ?></td>
            <td><?php echo $rows['occupationLocation']; ?></td>
            <td><?php echo $rows['nextOfKinCon']; ?></td>
            <td><?php echo $rows['email']; ?></td>
            <td><?php echo $rows['dateOfVaccination']; ?></td>
            <td><?php echo $rows['vaccineName']; ?></td>
            <td><?php echo $rows['expiryDate']; ?></td>
            <td><?php echo $rows['nextAppointment']; ?></td>
            <td><?php echo $rows['vaccinatorName']; ?></td>
        </tr>
    <?php
    }
    ?>
</table>
<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 {
  /* float: left; */
  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);
}
```

```
/* -----IDS-----*/
```

```
/* 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:

←

→

↺


localhost/Test/index.php

☆

Connected Successfully

## Form1.php page:

localhost/Test/form1.php



### Covid-19 Vaccination Pre-Registration Form

**1. BIODATA** *(To be completed by Applicant in all capital letters)*

Vaccination Site		
Last Name	First Name	Other
<div><input type="checkbox"/> ID    <input type="checkbox"/> DP</div> <div><input type="checkbox"/> BP    <input type="checkbox"/> PP</div>		
Identification No.	Date of Birth (dd/mm/yyyy)	Gender
Address	Age	Nationality
Email	Contact No. (xxx-xxxx)	Name of Next of Kin
	Place of Work	Next of Kin Contact No.

Next Page

## Form2.php Page:

localhost/Test/form2.php

3. VACCINATION INFORMATION

Date of vaccination (dd/mm/yyyy)

Name of Vaccine  Expiry Date

Next Appointment Date

Name of Vaccinator (CAPS)










This Form is part of the Patient's Medical Records and is the Property of the Ministry of Health (MOH),  
Government of the Republic of Trinidad and Tobago (GORTT).

## Form3.php Page:

← → ↻ ⓘ localhost/Test/form3.php

The Information was stored in the database successfully.

## Database:

+ Options																					
← T →																					
			id	vaccination_site	last_name	first_name	other	dob	gender	identification	age	nationality	address	contactNum	nameOfNextKin	occupationLocation	nextOfKinCon				
<input type="checkbox"/>		Edit		Copy		Delete	1	Fyzabad	Montrose	Akhil	Darran	1997-04-03	Male	19970403016	24	Trinidad and Tobago	35B Easy St.	275-5992	Darran Montrose	None	123-4567
<input type="checkbox"/>		Edit		Copy		Delete	2	Fyzabad	Montrose	De Aundre	Richard	1999-12-17	Male	19991217016	21	Trinidad and Tobago	35B Easy St.	271-2391	Darran Montrose	La Brea	123-4567
<input type="checkbox"/>		Edit		Copy		Delete	3	Fyzabad	Smith	Jones	John	2021-11-05	Male	2000403016	19	Trinidad and Tobago	Fyzabad	271-2391	Smith	None	123-4054

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:

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
1	Fyzabad	Montrose	Akhil	Darran	1997-04-03	Male	19970403016	24	Trinidad and Tobago	35B Easy St.	275-5992	Darran Montrose	None	123-4567	akhilmontrose62@gmail.com	2021-11-05	Sinopharm	2021-12-10	2021-11-19	FELIX
2	Fyzabad	Montrose	De Andre	Richard	1999-12-17	Male	19991217016	21	Trinidad and Tobago	35B Easy St.	271-2391	Darran Montrose	La Brea	123-4567	deandremontrose@gmail.com	2021-11-05	Sinopharm	2021-12-10	2021-11-19	FELIX
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	Sinopharm	2021-11-05	2021-11-05	JOHN


Print this Data

## Print page:

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
1	Fyzabad	Montrose	Akhil	Darran	1997-04-03	Male	19970403016	24	Trinidad and Tobago	35B Easy St.	275-5992	Darran Montrose	None	123-4567	akhilmontrose62@gmail.com	2021-11-05	Sinopharm	2021-12-10	2021-11-19	FELIX
2	Fyzabad	Montrose	De Andre	Richard	1999-12-17	Male	19991217016	21	Trinidad and Tobago	35B Easy St.	271-2391	Darran Montrose	La Brea	123-4567	deandremontrose@gmail.com	2021-11-05	Sinopharm	2021-12-10	2021-11-19	FELIX
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	Sinopharm	2021-11-05	2021-11-05	JOHN

Print this Data

Print 1 page

Destination  Save as PDF

Pages All

Layout Portrait

More settings

Save Cancel

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
1	Fyzabad	Montrose	Akhil	Darran	1997-04-05	Male	19970403016	24	Trinidad and Tobago	35B Easy St.	275-5992	Darran Montrose	None	123-4567	akhilmontrose62@gmail.com	2021-11-05	Sinopharm
2	Fyzabad	Montrose	De Aundre	Richard	1999-12-17	Male	19991217016	21	Trinidad and Tobago	35B Easy St.	271-2391	Darran Montrose	La Brea	123-4567	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	Sinopharm

Print this Data



