Person

P id VARCHAR(9) Name VARCHAR(45) Phone BIGINT | Street\_Address VARCHAR(45) | City VARCHAR(45) | State VARCHAR(45) | Zip\_Code INT(5) | Birth\_Date DATE

Volunteer

id VARCHAR(9) FK V\_skill VARCHAR(45)

Treats

Phys\_id VARCHAR(9) FK Pat\_id VARCHAR(9) FK

Physician
||d VARCHAR(9) FK | Pager\_no BIGINT | Specialty VARCHAR(45)

Patient

id VARCHAR(9) FK | Contact\_Date DATE | Pat\_type CHAR(1)

Inpatient

id VARCHAR(9) FK Date\_Admitted DATE Pat\_type CHAR(1) FK

Birth\_Date DATE

Outpatient
id VARCHAR(9) FK Pat\_type CHAR(1) FK

Comments VARCHAR(200)

Nurse id VARCHAR(9) FK Certificate VARCHAR(45) Job\_Type CHAR(1)

Technician

id VARCHAR(9) FK Job\_Type CHAR(1)

T\_skill

skill VARCHAR(45)

Staff

id VARCHAR(9) FK Job\_Class VARCHAR(45) Job\_Type CHAR(1)

Works\_in

id VARCHAR(9) FK Lab Name VARCHAR(45) FK

Laboratory

Lab Name VARCHAR(9) FK Location VARCHAR(45)