

# RHP Computer Applications Class

3 – 3 Tables: Designing Forms

Name \_\_\_\_\_



This assignment will ask you to re-design the Kare Youth League Mt. Kare Health Form using the table feature. First, display the 'Tables and Borders' Toolbar.



Start with the heading, 'Mt. Kare Health Form'.

Next, create a table with 15 rows and 6 columns.

All of the text you type in needs to be 8 points in size. All text will also be 'Align top left'. To accomplish all this in a few steps, select the table you

just created and click on the 'Align Top' icon. Then click on the 'Left Left' icon. Finally, choose 8 points as your font point size. If you did this with the table selected, all cells will acquire these properties.

You will notice the cells are not tall enough to write in, so adjust the cell height by selecting the table, then right-clicking on the table and choosing Table Properties. Make sure the row tab is selected, and you type in a cell height of .45".

Use the table formatting icons on the toolbar to match your table to the example given. Use the erase icon to erase lines (to use the eraser, click from one end of the line and drag along the line until it is selected in order to delete it). You can also add lines by using the 'Draw

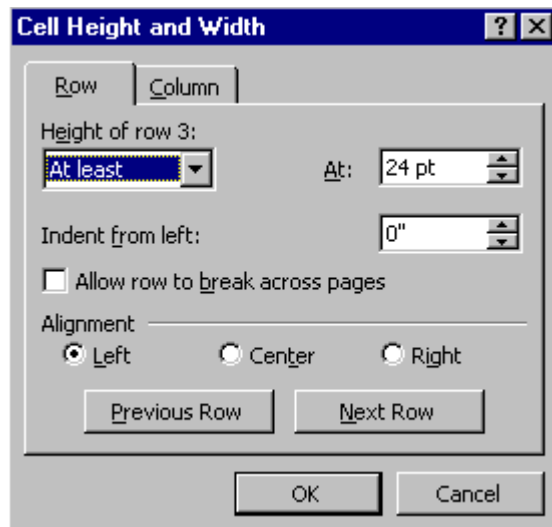


Table' icon. It works the same as the eraser except in reverse.

You can shade the cells in the table by selecting the cells you want shaded, and then choosing the Shade icon (picking the shade you want).

At the bottom of the form, you may have to be add paragraphs within the cells to make the signature line fit right.

When you are finished, save it to your system folder. Then email me the document at [rhp@denovodental.com](mailto:rhp@denovodental.com) with the subject line **Compapp 3-3 [Lastname]** where lastname is your last name.





## Mt. Kare Health Form

Child's Name	
Home Address	
Child's Birthdate	Home Phone
Parent's Name	
Parent's Work	Work Phone Number
Name of Emergency Contact if parents are not available	Emergency Contact Phone Number
Address of Emergency Contact	
List any Allergies Your Child has	
Date of Last Tetanus Shot	
List and explain any physical disabilities, handicaps, or medical tendencies (headaches, etc.)	
How are your child's eating habits?	
Health Insurance Company	Policy Number
Medical Release: In case of sickness or accident, Kare Youth League has my authorization to secure such medical attention as is deemed necessary if unable to communicate with me immediately.	
Signature of Parent or Guardian	Date