

Table: T_IMC

Columns

Name	Type	Size
IM Trans Worker	Text	50
Number	Text	50
Initials	Text	50
*Phone	Text	50
*email	Text	50

Table: TRANS

Columns

Name	Type	Size
DREFER	Date/Time	8
*LNAME	Text	50
*FNAME	Text	50
*MI	Text	50
*ADDRESS	Text	50
*CITY	Text	50
ST	Text	50
ZIP	Text	50
*PHONE	Text	50
*DOB	Date/Time	8
*MA_ID	Text	50
MABEGIN	Date/Time	8
AUTH_BEGIN	Date/Time	8
MA_END	Date/Time	8
DEDUCT	Text	50
WORKER	Text	50
DATECLOSED	Date/Time	8
Mtn Mobility Authorized	Yes/No	1
SSI	Yes/No	1
CAB	Yes/No	1
ATA	Yes/No	1
PV	Yes/No	1
SSN	Text	11
Rec_Id	Number (Long)	4
*Casehead	Text	50
Date_New	Date/Time	8
Date_Updated	Date/Time	8
Gender	Text	50
*Care_Facility	Text	50
*Care_Address	Text	50
Care_city	Text	50
Care_St	Text	50
Care_Zip	Text	50
*ER_Relationship	Text	50
*ER_Contact	Text	50
*ER_Phone	Text	50
Elderly	Yes/No	1
Disabled	Yes/No	1
Gen_Public	Yes/No	1
Child	Yes/No	1
ADA_Eligible	Yes/No	1
Med_Pending	Yes/No	1
trans_common	Yes/No	1
trans_scooter	Yes/No	1
trans_ramp	Yes/No	1
trans_cane	Yes/No	1
trans_walk	Yes/No	1
trans_crutch	Yes/No	1
trans_oxygen	Yes/No	1
trans_respirator	Yes/No	1
trans_other	Yes/No	1

trans_sight	Yes/No	1
trans_hear	Yes/No	1
trans_speech	Yes/No	1
ride_care	Yes/No	1
ride_escort	Yes/No	1
ride_child	Yes/No	1
notes	Text	255
suspension_date	Date/Time	8
phy_address	Text	50
phy_city	Text	50
phy_st	Text	50
phy_zip	Text	50
mm_close_date	Date/Time	8