ANNEXURE 2 – Format For Case-Wise Contact Listing And Follow – Up

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	Name			Address							District						Date of Symptom Onset					Any other information									
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S. No.	Date of Contact	Name	Age (yrs)	Sex (M/F)	Address	District	Phone Number	r Day of follow - up (Put a X if the contact has no symptom and put a $\sqrt{\ }$ if the contact has one of the following symptoms listed below)																							
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