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S.No	CASE ID NO	Name of Patient	Name of contact	Other Names	Sex (M/F)	Age (yrs)	Head of Household	Address	Town	District	Phone Number	Relation to Case (family,Friend,Colleague, Others)	Date of first Contact	Date of last Contact	Primary/Secondary contact (1,2)	Mode of exposure (1,2,3,4,5,6,7)*	TYPE OF CONTACT(COMMUNITY/FAMILY/HOSPITAL)	SEVERITY OF CONTACT (HRLR)*	Healthcare Worker (Y/N) if yes, what	PHC	MO Details (Name & NUMBER)	FIELD WORKER DETAILS (Name & NUMBER)	Clinical status	Outcome