	Primary Contact Tr	acing Form to be filled	by Surveillance Team		Place of contact tracin	g							
Sn	Case Name/ID	Name of contact	CID/Passport of the contact	Mobile no.	Contact date (mm/dd/yy)	Age	Sex	Occupation	Nationality	Residence address	Contact place in Bhutan	Contact place type (Hotel, restaurant, etc)	Seat no. if travelled in the same flight or
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