	Place of contact tracing	g]
Sn	Case Name/ID	Name of the Primary contact	CID/Passport of Primary contact	Name of secondary contacts	Relationship to primary contact	Age of secondary/t ertiary contact	secondary/t ertiary	of	of	Residence address of secondary / tertiarycontacts	Contact place in Bhutan (List hotels if foreigner/tourist)	Date of contact	Contact place type	Specify comorbidity (CVD/Diabete/Hypertension/ COPD/Cancer) of secondary contact
-														
-														
-														
-														
-														
-														
-														
-														
	1				1	1	 					1		
-														
-						-	-							
	1									l				