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**Annexes de la session C5**

**Session C5 Annexe 2 – Formulaire de la liste des contacts**

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| **Formulaire de la liste des contacts** | | | | | | | | | | | | |
| Complété par: | | | | | | | | | | | | |
| Nom du cas: | | | | | | ID du cas: | | | | | | |
| Quartier / village: | | | | | | Chef ou responsable de la communauté: | | | | | | |
| District / Ville: | | | | | | Province / région: | | | | | | |
| Nom du Contact | Prénom | Lien de parenté avec le cas | Age  (ans) | Sexe | Village ou quartier | District ou ville | Type de contact | Date du dernier  contact | Dernier jour du suivi | ID attribué au contact | Date de la 1ère visite | Problème du contact |
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**Session C5 Annexe 3 – Formulaire de suivi des contacts**

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| **Formulaire de suivi des contacts** | | | | | | | | | | | | | |
| Nom du professionnel Assurant le suivi:  ………………………….. | | | | | | | | | | | | | |
| Numéro de téléphone du professionnel assurant le suivi:   …………………… . | | | | | | | | | | | | | |
| ID Contact | Nom | Prénom | Age  (ans) | Sexe | Date du dernier contact avec le cas | Date de la dernière visite de suivi du contact | Résultats du suivi quotidien | | | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
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