**FORMULARIO PARA TOMA DE DATOS SOSPECHOSOS DE COVID-19**

Nombre \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cedula:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fecha de nacimiento: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Edad: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Unidad Adm/Académica:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dirección:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Celular:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fecha: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Breve Explicación: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **#** | **NOMBRE DEL**  **COLABORADOR**  **(quienes tuvieron contacto con**  **el funcionario contagiado)** | **CEDULA** | **UNIDAD**  **ACDEMICA/**  **ADM.** | **DIRECCION** | **TELEFONO**  **CELULAR** |
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