** COVID-19 Training**

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| **Date** |  |  | Training Programme (please tick): | |
| **District** |  |  |  | COVID-19 Clinical Case Management |
| **Sub-District** |  |  |  | COVID-19 Infection Prevention and Control (IPC) |

| **FIRST NAMES** | **SURNAME** | **PERSAL** | **ID/PASSPORT** | **JOB TITLE** | **DISTRICT** | **SUB-DISTRICT** | **FACILITY** | **CELL NUM.** | **EMAIL** | **ALTERNATE EMAIL** |
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