



04/11/2020

<b>Sub County</b>	all	<b>Ward</b>	all
<b>Age Group</b>	All	<b>Health Facility</b>	all
<b>Start Date</b>	28/10/2020	<b>End Date</b>	04/11/2020

Name	Gender	Age	Phone Number	Date	Sub County	Ward	Health Facility	TB Results	TB Type
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