| **#** | **Fecha**  dd-mm-aaa | **Nombre(s) Apellido(s)** | **Tipo de Vinculación con la Escuela Maternal**  (talento humano, niño o niña, padre, madre o cuidador, personal, externo) | **N°**  **Identificación** | **# teléfono fijo o celular** | **Temperatura** | | **Se ha presentado**  **algún caso positivo de COVID-19 en familiares o personas cercanas al núcleo familiar** | | **EPS** | **Observaciones** |
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