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|  | **MODÈLE DE REGISTRE** |

Dans l’éventualité où la Santé publique aurait à vous contacter, merci d’indiquer les informations suivantes :

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|  | **LIEU** | **ACTIVITÉ** | | **HEURE** |
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|  | **NOM** | **TÉLÉPHONE** | ou | **COURRIEL** |
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