

DEAF/HARD OF HEARING/DEAFBLIND - MEDICAL PLACARD

I AM: DEAF HARD OF HEARING DEAFBLIND
(Circle One)

I DO NOT UNDERSTAND YOU WITH YOUR MASK ON.

MY NAME IS: _____

DO YOU NEED MY IDENTIFICATION CARD / DRIVER'S LICENSE, INSURANCE INFORMATION?

Emergency Contact: _____

Phone: _____

My allergies: _____

My medications :

My insurance information: _____

PLEASE SPEAK INTO MY SMARTPHONE.

I am using an automatic speech recognition app to understand you

I MAY NEED ACCESS TO THE HOSPITAL WiFi;

Please put me in an area with strong WiFi.

**PLEASE RESPECT MY LEGAL RIGHT TO UNDERSTAND YOU AND
PARTICIPATE IN MY CARE BY ALLOWING ME TO USE THE SMARTPHONE.**

**IF MY SMARTPHONE IS NOT WORKING WELL OR AT ALL,
PLEASE WRITE DOWN WHAT YOU ARE TELLING ME.**



Prior to visiting a hospital, record the information above and use the back of this card for communication tools. Keep the card in a visible location.

To download information, apps and technology tools for communication, scan the QR code at left. It is important to test and practice using any application BEFORE you go to the hospital. Your healthcare provider can also scan this code to learn more.

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Fold in half - cut along fold



Cough



Fever



**Shortness
of Breath**

Abdominal pain	Family/caregiver	Paper/pen
Admit/Discharge	Fever/Chills	Phone/charger
Allergic	Headache	Question
Bad	Help	Scared
Bathroom	Hot	Sick/ injured
Better	Hurt	Throat swab
Chest Pain	Interpreter	Tightness in chest
Cold	IV	Time
Cough	Kleenex	Ventilator
Covid -19	Medicine	Video Call
Doctor/PA	More	Wait
Don't want	Nauseous	Want
Draw Blood	Nose swab	Wash
	Nurse	

YES

Maybe

NO



Cough



Fever



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YES

Maybe

NO