



I AM DEAF OR HARD OF HEARING  
I MAY NOT BE ABLE TO HEAR YOU

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I AM DEAF OR HARD OF HEARING  
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I REQUIRE ALTERNATIVE COMMUNICATION  
THANK YOU FOR YOUR PATIENCE

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TO GET MY ATTENTION - YOU MAY WAVE

TO GET MY ATTENTION - YOU MAY WAVE

TO GET MY ATTENTION - YOU MAY WAVE

LET ME KNOW IF YOU LEAVE

LET ME KNOW IF YOU LEAVE

LET ME KNOW IF YOU LEAVE

I MAY BE IN DISTRESS | DO NOT TOUCH ME

I MAY BE IN DISTRESS | DO NOT TOUCH ME

I MAY BE IN DISTRESS | DO NOT TOUCH ME

THE FOLLOWING OPTIONS CAN HELP US  
COMMUNICATE TOGETHER

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COMMUNICATE TOGETHER

SIGN LANGUAGE / ASL INTERPRETER

SIGN LANGUAGE / ASL INTERPRETER

SIGN LANGUAGE / ASL INTERPRETER

PENCIL / PAPER

PENCIL / PAPER

PENCIL / PAPER

TYPING VIA PHONE

TYPING VIA PHONE

TYPING VIA PHONE

COMMUNICATION BOARDS

COMMUNICATION BOARDS

COMMUNICATION BOARDS

ARE WE ABLE TO USE ANY OF THOSE OPTIONS?

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ARE WE ABLE TO USE ANY OF THOSE OPTIONS?



YES



No



YES



No



YES



No





**I AM DEAF OR HARD OF HEARING**  
I MAY NOT BE ABLE TO HEAR YOU

ENGLISH IS NOT MY PRIMARY LANGUAGE

**I REQUIRE ALTERNATIVE COMMUNICATION**  
THANK YOU FOR YOUR PATIENCE

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LET ME KNOW IF YOU LEAVE

**I MAY BE IN DISTRESS | DO NOT TOUCH ME**

**THE FOLLOWING OPTIONS CAN HELP US  
COMMUNICATE TOGETHER**

- LANGUAGE: \_\_\_\_\_
- SIGN LANGUAGE / ASL INTERPRETER \_\_\_\_\_
- WRITING / TYPING \_\_\_\_\_
- TRANSLATION APP TO WRITE IN MY LANGUAGE \_\_\_\_\_
- COMMUNICATION BOARDS \_\_\_\_\_
- \_\_\_\_\_

**ARE WE ABLE TO USE ANY OF THOSE OPTIONS?**



YES



No



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- \_\_\_\_\_

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- COMMUNICATION BOARDS \_\_\_\_\_
- \_\_\_\_\_

**ARE WE ABLE TO USE ANY OF THOSE OPTIONS?**



YES



No

**EMERGENCY CONTACTS**

Name Phone Number

Name Phone Number

**LAWYER**

Name/Firm Phone Number

**MEDICAL CONDITIONS / ALLERGY**

•

•

**URGENT MEDICATIONS**

•

•

**LINES FOR WRITING**

**EMERGENCY CONTACTS**

Name Phone Number

Name Phone Number

**LAWYER**

Name/Firm Phone Number

**MEDICAL CONDITIONS / ALLERGY**

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**MEDICAL CONDITIONS / ALLERGY**

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**URGENT MEDICATIONS**

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**LINES FOR WRITING**