

READ ME

I AM DEAF - I CAN NOT HEAR
FACE ME TO COMMUNICATE.
ENGLISH IS NOT MY PRIMARY LANGUAGE
MOVE SLOWLY
MOUTH VISABLE
I MAY NOT BE ABLE TO RESPOND
DO NOT TOUCH ME - I MAY BE IN DISTRESS

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EMERGENCY CONTACTS

Name	Phone Number
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LAWYER

Name/Firm	Phone Number
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MEDICAL CONDITIONS / ALLERGY

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- _____

URGENT MEDICATIONS

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