



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

Name Phone Number

LAWYER

Name/Firm Phone Number

MEDICAL CONDITIONS / ALLERGY

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Name Phone Number

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Name/Firm Phone Number

MEDICAL CONDITIONS / ALLERGY

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