

# READ ME

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I AM BLIND - I CAN NOT SEE YOU!

ENGLISH IS NOT MY PRIMARY LANGUAGE

PLEASE IDENTIFY YOURSELF BEFORE SPEAKING

SPEAK SLOWLY & CLEARLY - USE SIMPLE LANGUAGE.

EXPLAIN ACTIONS AND ENVIRONMENT

DO NOT TOUCH ME

I MAY BE IN DISTRESS

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**EMERGENCY CONTACTS**

Name	Phone Number
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Name	Phone Number
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**LAWYER**

Name/Firm	Phone Number
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**MEDICAL CONDITIONS / ALLERGY**

- \_\_\_\_\_
- \_\_\_\_\_

**URGENT MEDICATIONS**

- \_\_\_\_\_
- \_\_\_\_\_

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