



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

Name Phone Number

LAWYER

Name/Firm Phone Number

MEDICAL CONDITIONS / ALLERGY

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URGENT MEDICATIONS

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EMERGENCY CONTACTS

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