I AM DEAF OR HARD OF HEARING OR DEAFBLIND/COMBINED VISION AND HEARING LOSS

I am using this card to communicate because
I have an accommodation scheduled/or need:
- On-Site ASL Interpreter
- Video Remote Interpreting
- CART

Please speak into my smartphone. I'm using it to understand you.

Please write or type what you are telling me.

Patient Name:  DOB:

- YES  NO  DONT KNOW

Have an appointment?  Sick Today?

- YES  NO  DONT KNOW

Already received a dose of the COVID-19 vaccine?

Pfizer  Moderna  Johnson&Johnson  Other

Severe Allergy to:
- Food  Pets  Meds  Shot  Other
- Need EpiPen?

Received any other vaccines in the last 14 days?

COVID-19 positive before?

Receive antibody therapy for COVID-19?

Have HIV, cancer or take immunosuppressant drugs?

Have bleeding disorder or take blood thinners?

Pregnant or breastfeeding?

Source: Centers for Disease Control and Prevention
Do you have your immunization card?

Please Stay and Wait for 15 or 30 minutes

Do you have any side effects?

Are you feeling okay?

Notes:

Source: Centers for Disease Control and Prevention