COVID-19 VACCINE COMMUNICATION CARD

I AM DEAF OR HARD OF HEARING

I AM USING THIS CARD TO COMMUNICATE WITH YOU

The Best Way To Communicate With Me Is

- INTERPRETER
- ASSISTIVE LISTENING DEVICE
- WRITING
- LIP-READ
- REMOVE YOUR MASK OR WEAR CLEAR MASK
- SPEECH TO TEXT PHONE APP

YOU MAY ALSO USE THIS CARD TO COMMUNICATE WITH ME

Available?

YES NO

This communication card does not replace the requirement of federal and state laws for effective communication to Deaf, Hard of Hearing, and DeafBlind persons, such as sign language interpreters or other services.

RESPONSE COMMUNICATION SIGNS

<table>
<thead>
<tr>
<th>YES (✓)</th>
<th>NO (X)</th>
<th>Don’t Know (?)</th>
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PLEASE ASK ME BY POINTING ON PICTURES
I WILL RESPOND USING RESPONSE COMMUNICATION SIGNS

PRE-VACCINATION CHECKLIST

- Have An Appointment?
- Are You Sick Today?
- Had A Positive Test for COVID-19?
- Receive Antibody Therapy for COVID-19?
- Have A Weakened Immune System (i.e. Due to HIV or Cancer)?
- Take Immuno-suppressant Drugs or Therapies?
- Have Bleeding Disorder or Take Blood Thinners?
- Have Dermal Fillers?
- Are You Pregnant or Breastfeeding?

POST-VACCINATION

- Come Back for Second Dose?
- Next Appointment Date
- Keep Vaccination Record Card

POSSIBLE VACCINE SIDE EFFECTS

- Pain
- Redness
- Swelling
- Tiredness
- Headache
- Fever
- Chills
- Nausea
- Muscle Pain

VACCINATING

- Received A Dose of Vaccine Before?
- If Yes, Which Vaccine Product?
- Pfizer-BioNTech
- Moderna
- Janssen (Johnson & Johnson)
- Another Product?
- Receive Vaccine In Last 14 Days?
- If Yes, Have A Vaccination Record Card?
- Please Wait
- Please Have A Seat
- Monitors for Side Effects

NUMBERS, TIME, & LETTERS

1 2 3 4 5 6 7 8 9 0

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

ALLERGIES

- Allergic To Any Types Of COVID-19 Vaccine?
- Severe Allergic Reaction To Previous (First) Vaccine Shot?
- Need Epinephrine or EpiPen®?
- Any Non-Vaccine Allergies?
  - Food, Pet, Venom, Environmental, or Latex Allergies


5/19/21