

**DEAF/HARD OF HEARING/DEAFBLIND
MEDICAL PLACARD**

I AM DEAF/HARD OF HEARING/DEAFBLIND.

I DO NOT UNDERSTAND YOU WITH YOUR MASK ON.

MY NAME IS _____.

**HERE IS MY IDENTIFICATION CARD / DRIVER'S
LICENSE.**

**PLEASE SPEAK INTO MY SMARTPHONE. I AM USING
IT TO UNDERSTAND YOU.**

**PLEASE RESPECT MY LEGAL RIGHT TO
UNDERSTAND YOU AND PARTICIPATE IN MY CARE
BY ALLOWING ME TO USE THE SMARTPHONE.**

**IF MY SMARTPHONE IS NOT WORKING WELL OR AT ALL,
PLEASE WRITE DOWN WHAT YOU ARE TELLING ME.**