

**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.**