



I am Deaf or Hard of Hearing

I am using this card to communicate. I may need a certified sign language interpreter or captioning to communicate.

Symptoms:



Fever



Coughing



Shortness of Breath

Travel recently by:



Which country?



Was near a person who has COVID-19?



How long sick?
(number of days)

- 1 2 3 4 5 6 7 8 9 10+



Division of the Deaf and Hard of Hearing
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800-792-8339 Toll Free in New Jersey
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