



**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.

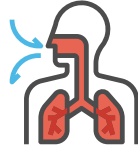
Symptoms:



FEVER



COUGHING

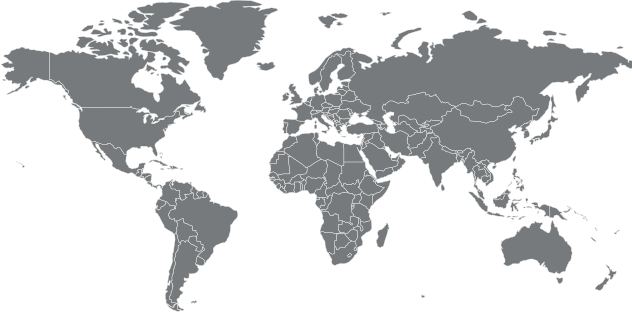


SHORTNESS
OF BREATH

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

Phone: 1-800-792-8339

Email: DDHH.communications2@dhs.nj.gov



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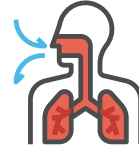
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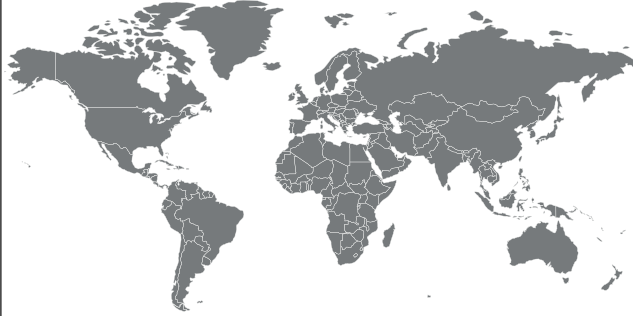


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