



# I am **Deaf** or **Hard of Hearing**

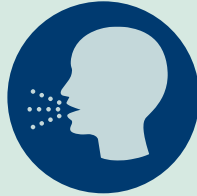
This card will help you communicate with me.

## I may have COVID-19.

### Symptoms:



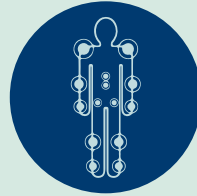
Fever



Cough



Shortness of breath  
or difficulty breathing



Muscle pain



Sore throat



Headache



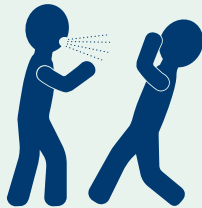
Chills



Repeated shaking  
with chills



Loss of sense of  
taste or smell



I was near a person who has COVID-19.

The number of days I have been sick:

**0 1 2 3 4 5 6 7 8 9 10+**

## I do not feel sick right now.

### No symptoms:



I feel fine.



# I am **Deaf** or **Hard of Hearing**

This card will help you communicate with me.

## The best ways to communicate with me:



Interpreter



Text



Writing



Lip reading



Gestures



Assistive  
listening device

## When communicating with me, please:

- Ask permission first, before touching me.
- Get my attention first.
- Make eye contact when you speak.
- Take time to make sure I understand. English may not be my first language.
- Repeat, rephrase or write your request down if necessary.
- Be aware that a hearing aid or cochlear implant does **not** allow me to understand everything you say.

## For the best communication, I may need:

- An Oregon-licensed sign language interpreter for the Deaf or video remote interpreter (VRI) service.
- A communication access realtime translation (CART) for captioning conversations.
- A video phone or computer with internet service, a captioned telephone, or a cell phone for texting.

## Tips to stay healthy



Wash hands often with soap and water. Use hand sanitizer if soap and water are not available.



Stay at least six feet away from other people.



Do not touch your nose, mouth or eyes.



Stay at home if you can. Avoid large groups and public places.

Oregon  
**Health**  
Authority

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You can get this document free of charge in other languages, large print, braille or a format you prefer. Contact Mavel Morales at 1-844-882-7889, 711 TTY or [OHA.ADAModifications@dhsosha.state.or.us](mailto:OHA.ADAModifications@dhsosha.state.or.us).

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