

COVID-19 Vaccine Communication Card



| | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| A | B | C | D | E | F | G | H | I | J | K | L | M | N | O |
| P | Q | R | S | T | U | V | W | X | Y | Z | | | | |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | | | | | |



Tell the provider all of your medical conditions, including:

| | | | | | | | |
|------------------------------------|------------------|--------------|--------------------------|-------------------------|---------------------------------------|----------------------|---|
| <p>Received a COVID-19 vaccine</p> | <p>Allergies</p> | <p>Fever</p> | <p>Bleeding disorder</p> | <p>On blood thinner</p> | <p>Pregnant or planning pregnancy</p> | <p>Breastfeeding</p> | <p>Immunocompromised or on medicine affecting immune system</p> |
|------------------------------------|------------------|--------------|--------------------------|-------------------------|---------------------------------------|----------------------|---|

Don't get vaccine if you:

| |
|---|
| <p>Are younger than 12 years of age</p> |
| <p>Had a severe allergic reaction after a previous dose of this vaccine</p> |
| <p>Had a severe allergic reaction to any ingredient of this vaccine</p> |

Possible side effects:

| | | | | |
|----------------------------|--------------------------------|-------------------------------|-----------------------------|----------------------------|
| <p>Injection site pain</p> | <p>Injection site swelling</p> | <p>Injection site redness</p> | <p>Muscle or joint pain</p> | <p>Swollen lymph nodes</p> |
| <p>Fever</p> | <p>Chills</p> | <p>Tiredness</p> | <p>Nausea</p> | <p>Feeling unwell</p> |

COVID-19 Vaccine Communication Card

I communicate in...

American Sign Language

አማርኛ – Amharic

العربية – Arabic

ဗမာစကား – Burmese

Khmer (ភាសាខ្មែរ) – Cambodian

普通话 – Mandarin

廣東話 – Cantonese

Chuukese (Chuuk)

français – French

(fārsī) فارسی – Farsi (Persian)

Deutsch – German

हिन्दी (hindī) – Hindi

Hmoob – Hmong

日本語 – Japanese

(ကညီကျိင်) – Karen

한국어 [韓國語] – Korean

ພາສາລາວ (pháasaa láo) – Lao

Kajin M̧ajeļ – Marshallese

Cuyamecalco Mixtec – Mixteco Bajo

नेपाली – Nepali

Afaan Oromo – Oromo

Português – Portuguese

ਪੰਜਾਬੀ / پنجابى (panjābi) – Punjabi

limba română / român – Romanian

Русский – Russian

Gagana Samoa – Samoan

af Soomaali – Somali

Español – Spanish

Kiswahili – Swahili

Tagalog – Tagalog

தமிழ் (tamiḷ) – Tamil

తెలుగు (telugu) – Telugu

ภาษาไทย (paasaa-tai) – Thai

ትግርኛ (təgərəñña) – Tigrinya

Українська (Ukrajins'ka) – Ukrainian

اردو – Urdu

Tiếng Việt – Vietnamese

Communication needs



Language
interpreter



ASL
interpreter



Get my family



Pen and paper



Assistive listening
devices



Lip reading

This document was adapted for Oregon with permission from Washington Department of Health.

Document accessibility: For individuals with disabilities or individuals who speak a language other than English, OHA can provide information in alternate formats such as translations, large print, or braille. Contact the Health Information Center at 1-971-673-2411, 711 TTY or COVID19.LanguageAccess@dhsosha.state.or.us.