# **DEAF/HARD OF HEARING/DEAFBLINDMEDICAL 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.**