

CORONAVIRUS INFORMATION

**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.

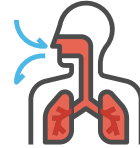
**Symptoms:**



FEVER



COUGHING

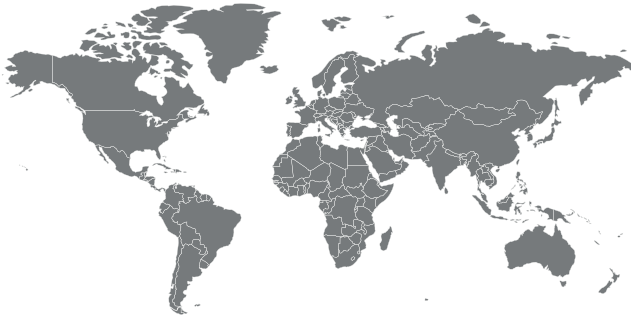


SHORTNESS  
OF BREATH

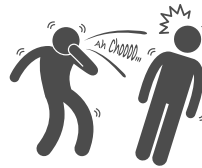
**Travel recently by:**



**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+

For more information, visit our website [www.alliantquality.org](http://www.alliantquality.org)



This material was prepared by the State of New Jersey Department of Human Services Division of the Deaf and Hard of Hearing and adapted by Alliant Quality, the quality improvement group of Alliant Health Solutions (AHS), the Medicare Quality Innovation Network - Quality Improvement Organization for Alabama, Florida, Georgia, Kentucky, Louisiana, North Carolina, and Tennessee, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. Publication No. 12SOW-AHSQIN-QIO-TO1-20-169