

COVID-19 VACCINE COMMUNICATION CARD

I AM DEAF OR HARD OF HEARING

I AM USING THIS CARD TO COMMUNICATE WITH YOU

The Best Way To Communicate With Me Is

 INTERPRETER	 ASSISTIVE LISTENING DEVICE	 WRITING	 LIP-READ REMOVE YOUR MASK OR WEAR CLEAR MASK	 SPEECH TO TEXT PHONE APP
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Available?

Yes No

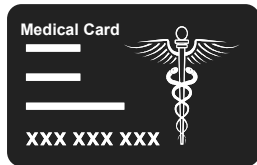
ALTERNATIVELY, THIS CARD WILL HELP YOU COMMUNICATE WITH ME

This communication card does not replace the requirement of federal and state laws for effective communication to Deaf, Hard of Hearing, and DeafBlind persons, such as sign language interpreters or other services.







INFORMATION NEEDED

DOCUMENTATION MAY BE REQUESTED BUT NOT REQUIRED

Please Point to What Documentation You Need From Me












Response Communication Gestures

YES (✓)	NO (X)	Don't Know (?)
		
		
Yes	No	Don't Know

PLEASE ASK ME BY POINTING ON PICTURES I WILL RESPOND USING RESPONSE COMMUNICATION GESTURES

PRE-VACCINATION CHECKLIST

 Have An Appointment?	 Are You Sick Today?	 Had A Positive Test for COVID-19?
 Receive Antibody Therapy for COVID-19?	 Have A Weakened Immune System (i.e. Due to HIV or Cancer)?	 Take Immuno-suppressant Drugs or Therapies?
 Have Bleeding Disorder or Take Blood Thinners?	 Have Dermal Fillers?	 Are You Pregnant or Breastfeeding?







This tool has been adapted with permission from the Illinois Deaf and Hard of Hearing Commission

ALLERGIES





 Allergic to Any Types of COVID-19 Vaccine?	 Severe Allergic Reaction To Previous (First) Vaccine Shot?	 Need Epinephrine or EpiPen®?
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Any Non-Vaccine Allergies? Food, Pet, Venom, Environmental, or Latex Allergies










VACCINATION

 Received A Dose of Vaccine Before?	If Yes, Which Vaccine Product?			
	Pfizer-BioNTech	Moderna	Janssen (Johnson & Johnson)	Another Product?
 Receive Vaccine In Last 14 Days?	If Yes, Have A Vaccination Record Card?			
	 Vaccine Shot Now	 Please Wait	 Please Have A Seat	 Monitor for Side Effects

NUMBERS, TIME, & LETTERS

1	2	3	4	5	6	7	8	9	0			
 MINUTE	 HOUR	 DAY	 WEEK									
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

POSSIBLE VACCINE SIDE EFFECTS

 Pain	 Redness	 Swelling
 Tiredness	 Headache	 Fever
 Chills	 Nausea	 Muscle Pain

POST-VACCINATION

Come Back for Second Dose?	Next Appointment Date		Keep Vaccination Record Card
	Yes	No Done	

The Virginia Department for the DEAF AND HARD OF HEARING



Virginia Relay
You Are Always Connected
Providing Accessible Telecommunications Since 1991

www.vddhh.org/COVID19DHHResources.htm For more information go to [Vaccinate.Virginia.gov](https://www.vaccinate.virginia.gov) or call 1-877-VAX-IN-VA (877) 829-4682