

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+



ROCKLAND COUNTY DEPARTMENT OF HEALTH
COVID-19 Hotline: 845-238-1956

ROCKLAND COUNTY OFFICE FOR PEOPLE WITH DISABILITIES

Phone: 845-354-3980
Email: scottj@co.rockland.ny.us

COVID-19 INFORMATION: <http://rcklnd.us/covid19>

Adapted from the New Jersey Department of Human Services Division of the Deaf and Hard of Hearing