

**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.

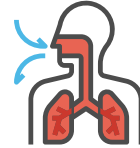
**Symptoms:**



**FEVER**



**COUGHING**

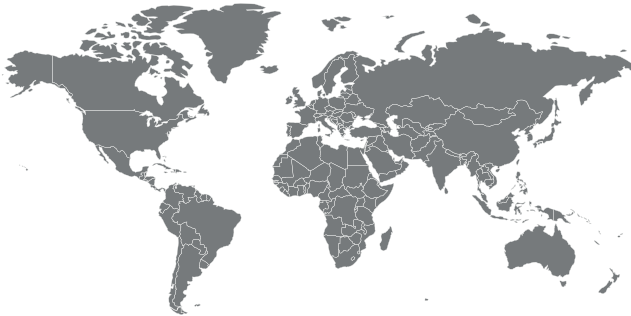


**SHORTNESS  
OF BREATH**

**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](mailto: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