

# COVID-19 Symptom Check

I am deaf or hard of hearing. I am using this card to communicate.

I may need a certified sign language interpreter, captioning or other ways to communicate.

**I have circled the best ways to communicate with you.**



Interpreter



Text



Writing



Lip Read



Gesture



Assistive  
Listening Device

## Quick Communication

YES

NO

DON'T  
KNOW

## THIS IS MY LEVEL OF PAIN:



No  
Pain



Mild  
Pain



Moderate  
Pain



Severe  
Pain

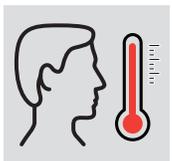


Very  
Severe  
Pain

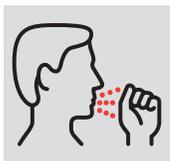


Worst  
Possible  
Pain

## THESE ARE MY SYMPTOMS:



Fever



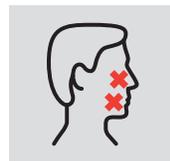
Cough



Shortness  
of Breath



Sore  
Throat



Lost Sense  
of Taste/Smell



Muscle  
Aches



Chills



Headache

OTHER SYMPTOMS I HAVE: \_\_\_\_\_

## I HAVE HAD SYMPTOMS THIS MANY DAYS:



I HAVE HAD CLOSE CONTACT WITH SOMEONE  
(within 6 feet) WHO HAS COVID-19:

Yes

No

Unsure