

NJ HUMAN SERVICES 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.

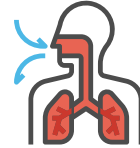
Symptoms:



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+



DIVISION OF THE DEAF AND HARD OF HEARING

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