Communication Needs

- ☐ I am deaf.
- ☐ I am hard of hearing.
- ☐ I can understand sign language.
- ☐ I cannot understand sign language.
- ☐ I wear hearing aids.
  - ◯ Both ears ◯ Left ear ◯ Right ear
- ☐ I use cochlear implant technology*.
  - ◯ Both ears ◯ Left ear ◯ Right ear

* **It is highly sensitive to magnetic fields. I cannot have MRI without OK from Implant Center. No induced currents.**

Special Needs

☐ Amplified Phone ☐ VideoPhone ☐ TV Captioning
☐ iPad ☐ Other _____

TO WAKE ME: BLINK THE LIGHT OR TAP MY FOOT OR ARM

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