

COVID-19 VACCINE COMMUNICATION CARD



? I don't know

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
P	Q	R	S	T	U	V	W	X	Y	Z				
		0	1	2	3	4	5	6	7	8	9			



Tell the provider all of your medical conditions, including:



received a COVID-19 vaccine



allergies



fever



bleeding disorder



on blood thinner



Immunocompromised or on medicine affecting immune system

Blank space for writing:

Don't get vaccine if you:



are younger than 6 months of age



had a severe allergic reaction after a previous dose of this vaccine



had a severe allergic reaction to any ingredient of this vaccine

Possible side effects:



injection site pain



injection site swelling



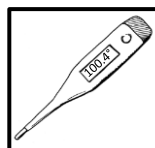
injection site redness



muscle or joint pain



swollen lymph nodes



fever



chills



tiredness



nausea



feeling unwell

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I communicate in...

American Sign Language

አማርኛ – Amharic

العربية – Arabic

ဗမာစကား – Burmese

Khmer (ភាសាខ្មែរ) – Cambodian

简体中文 – Simplified Chinese

繁體中文 – Traditional Chinese

Chuukese (Chuuk)

français – French

(fārsī) فارسی – Farsi (Persian)

Deutsch – German

हिन्दी (hindī) – Hindi

Hmoob – Hmong

日本語 – Japanese

(ကညီကျိာ်) – Karen

한국어 [韓國語] – Korean

ພາສາລາວ (pháasaa láo) – Lao

Kajin M̧ajeļ – Marshallese

Cuyamecalco Mixtec – Mixteco Bajo

नेपाली – Nepali

Afaan Oromo – Oromo

Português – Brazil

panjābi) – Punjabi) پنجابی /

limba română / român – Romanian

Русский – Russian

Gagana Samoa – Samoan

af Soomaali – Somali

Español – Spanish

Kiswahili – Swahili

Tagalog – Tagalog

தமிழ் (tamil) – Tamil

తెలుగు (telugu) – Telugu

ภาษาไทย (paasaa-tai) – Thai

ትግርኛ (təgərəña) – Tigrinya

Українська (Ukrajins'ka) – Ukrainian

اردو – Urdu

Tiếng Việt – Vietnamese

Communication Needs



language
interpreter



ASL
interpreter



get my
family



pen and
paper



assistive
listening
devices



lip reading