

**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**



**CHILLS/REPEATED  
SHAKING WITH CHILLS**



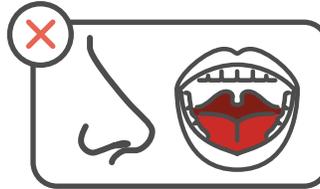
**MUSCLE PAIN**



**HEADACHE**



**SORE THROAT**



**NEW LOSS OF TASTE  
OR SMELL**

**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**

Phone: **1-800-792-8339**

Email: **DDHH.communications2@dhs.nj.gov**