

Qualified* Sign Language Interpreter Request

Hello, my name is:

I am Deaf Hard of Hearing DeafBlind Late Deafened
and/or Deaf Plus.

I am requesting for a reasonable accommodation, a qualified* Sign Language Interpreter to communicate effectively with my medical provider.

To ensure effective communication, please request the following Interpreters for my appointment (not in any given order):

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

Please DO NOT contact these interpreters for my medical appointments:

1. _____
2. _____
3. _____
4. _____
5. _____

Please give this form to your medical provider when requesting a follow-up appointment.

* Qualified Interpreter means according to Americans with Disabilities Act definition: an interpreter who is able to interpret effectively, accurately, and impartially. Receptively and expressively using necessary specialized vocabulary.