

## Preferred Sign Language Interpreter List

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.