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

6. _____
7. _____
8. _____
9. _____
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.