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|  |   **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.
2.
3.
4.
5.
 | 1.
2.
3.
4.
5.
 |
| 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. |