

# FOR EMERGENCY USE

**I HAVE A HEARING LOSS**  
**With your mask on it's difficult to**  
**understand you**



NAME.....
AUTHORISED CONTACT.....
TELEPHONE .....
RELATION.....

I wear/ don't wear Hearing Aid / Cochlear Implant / Bone Conduction  
Hearing Aid (circle the one which applies)  
I also need to lipread you

In my bag, I have spare batteries for my hearing device  
Please check if I can hear and understand you.

Please, speak into my smartphone / tablet / microphone as I am using it to  
understand you (circle the one which applies)

Please write a note even if you think I understood, it helps.

It is important that I understand what is happening



*National Association of Deafened People*

Registered Charity 294922

**Please support our member communication needs as indicated.**  
**The right to accessible information is described by NHS Information**  
**Standard. THANK YOU**