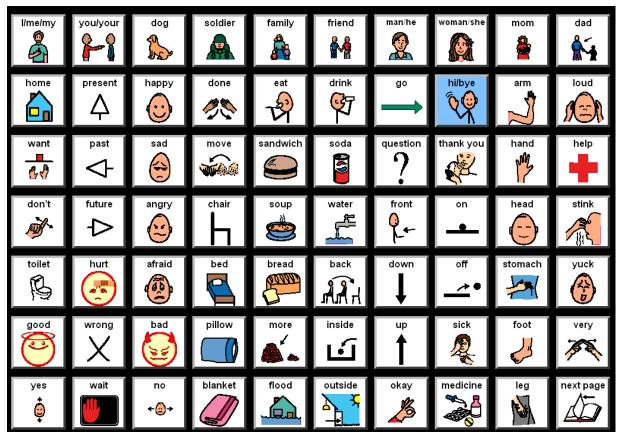
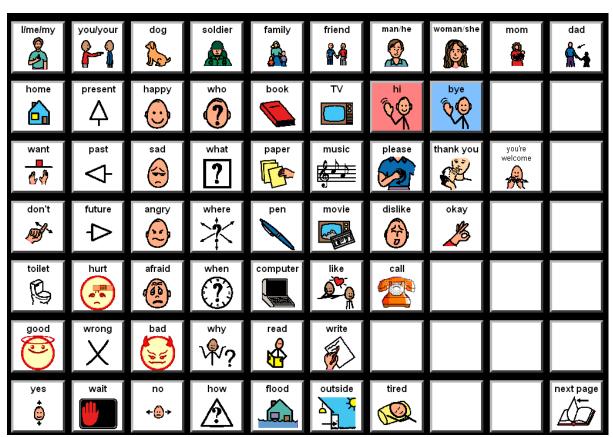
Appendix A. Examples of Personal Communication Displays

1. From Pam Kennedy: These displays were developed and used during a flood by a young man who was evacuated to a shelter.





2. From Pam Kennedy: Pam Kennedy developed and used these displays during a flood when she was evacuated to a shelter with her service animal/dog Jessie. She always carries them with her

Α	В	С	D	E	F	G	Hi	Bye	How are you?
Η	_	٦	K	L	М	N	Sorry!	Wait.	please
0	Р	Q	R	S	H	U	Thank you!	You're welcome	listen
٧	W	X	Υ	Z	Space	٠	blanket	pillow	computer
0	1	2	3	4	5	6	paper	pen	a drink
7	8	9	Jessie	I, me, my	you, your	he, him, his	oops!	ок	soup
yes	no	know	don't know	want, need	help	bathroom	seizure	?	I can't swallow that.
	I can't speak				A 80				
I'm Pam Kennedy.	but can understand you.	They're looking for a place for me.	Jessie needs to go out.	Jessie is out of food.	Are access roads still flooded?	Any new updates?	did	and	backside
Please ask questions when you need to.	I have family in Bismarck.	I don't know how much I lost yet.	Jessie needs water.	My chair needs to be charged.	Any refugees found homes since I was on?	hurt, hurts	shoulder	chest	thigh
I have cerebral palsy and epilepsy.	My vital info is on my PC. I'll get it.	The basement was flooded.	Jess is confused, streesed out.	Has anyone else been found?	Has anyone called regarding my status?	head	arm	ribs	knee
l, my	need	wrist splints	am/feel	nauseous	dizzy	eyes	wrist	stomach	shin
pen	morning meds	pain meds	like	pain meds	swelling	ear	hand	back	ankle
paper	evening meds	inhaler	seizure	headache	double vision	nose	finger	waist	foot
yes	no	ок	Oops!	Wait.	computer	mouth	left	right	bad, badly

APPENDIX B.

Sample Emergency Health Information

Emergency Health Information	Date:	Date:				
Name						
Address						
City		State	Zip			
CONTACT METHOD	HOME		WORK			
Phone:						
Cell:						
Fax:						
E-mail:						
Birth Date	Blood Type	Social Security	Social Security No.			
Health Plan:	Individual #:	Group #:				
Emergency Contact:						
Address						
City		State	Zip			
CONTACT METHOD	HOME		WORK			
Phone:						
Cell:						
Fax:						
E-mail:						
Primary Care Provide						

City	State		Zip				
Phone	Fax		E-mail				
Disability / Conditions:							
Medication:							
Allergies:							
Immunizations		Dates					
Communication / Devices / Equipment / Other:							
Excerpted from Be a Savvy Health Care C information about this guide, contact jik@p							