沿外框剪下卡片。 写上您的姓名，随身携带。

Print on both sides of the paper, flipped on the long edge. Cut out each card along its outer edge. Write your name and carry it with you.

简体中文 CHINESE (SIMPLIFIED)

我请求由合格的医疗口译员提供服务

根据《1964年民权法案》第六章和《平价医疗法案》的反歧视条款（第1557条），我请求获得合格的医疗口译员和笔译员的服务。未接受过医疗口译培训的家属和双语工作人员不具备担任医疗口译员的资格。

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I request the services of a qualified medical interpreter and translator under Title VI of the Civil Rights Act of 1964 and the Nondiscrimination Provision of the Affordable Care Act (Section 1557). Family members and bilingual staff members who are not trained in medical interpretation are not qualified to act as medical interpreters.

Full Name: .....

Preferred Language(s): **Chinese (Simplified) · 简体中文**

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