沿外框剪下卡片。 寫上您的姓名，隨身攜帶。

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.

繁體中文 CHINESE (TRADITIONAL)

我請求由合格的醫療口譯員提供服務

根據《1964年民權法案》第六章和《平價醫療法案》的反歧視條款（第1557條），我請求獲得合格的醫療口譯員和筆譯員的服務。未接受過醫療口譯培訓的家屬和雙語工作人員不具備擔任醫療口譯員的資格。

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Full Name: .....

Preferred Language(s): **Chinese (Traditional) · 繁體中文**

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