

Journey Assistance Cards

 **suffolkonboard**
suffolk passenger transport **Suffolk**
County Council

Please be supportive

I have a disability and I am exempt from wearing a face covering

Thank you.

 **suffolkonboard**
suffolk passenger transport **Suffolk**
County Council

Please be supportive

I have a health condition and I am exempt from wearing a face covering

Thank you.

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Please be patient

I am deaf

Thank you.

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Please be patient

I am visually impaired

Thank you.

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Please be patient

I have a hidden disability

Thank you.

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Please be patient

I have difficulty speaking

Thank you.

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Please speak slowly

I am hard of hearing

Thank you.

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Please speak slowly

and face me to help me hear better

Thank you.