



Guest Special Needs Form

Guest's Name: _____ Reservation ID: _____

Celebrity Cruises will operate and organize your cruise aboard one of our ships. In order to maximize your cruise vacation experience, Celebrity Cruises requires some of your data concerning required accommodations due to your disability or special needs.

For this purpose, we ask you to inform us of any accommodations needed due to your disability, special needs or dietary restrictions with the following Special Needs Form and to give us your consent for the respective use of this data:

We will use your data to adapt your cruise to your special needs. The specific use of your data depends on your needs and indications made in the Special Needs Form. For example, this use could include informing certain crew members of your mobility or dietary issues or that you may bring along a service dog or preparing special meals to meet your dietary requirements.

If you have booked a shore side tour or excursion, we will share your information with responsible tour operators if and to the extent necessary to enable your participation in the tour or to adapt the tour to your needs.

When we transfer your personal data to tour operators outside the EU/EEA, the laws and rules that protect your data, in such countries, may be different (or less protective) from your own country. For example, the circumstances in which law enforcement can access your personal data may vary from country to country. Of course, we will only share your data with tour operators that meet our strict requirements regarding the processing of your personal data.

Your consent declaration is **completely voluntary** and you may **revoke your consent** at any time. If you withhold or revoke your consent, this will not have any negative consequences for you. However, in this case, Celebrity Cruises will not be able to adjust your cruise to your special needs and you may not be able to partake in a shore side tour or excursion. Your revocation will not impact the legitimacy of the previous submission and the use of your data based on your initial declaration of consent. You can find all further information on the processing of your personal data including your rights to access, rectification and erasure of your data in the most actual version of our www.celebritycruises.com/gb/privacy-policy.

I hereby declare that I have read and understood this consent declaration and that

(1) I consent to the processing of data to adapt the cruise to my needs YES NO

(2) I consent to the transfer of data to tour operators in third countries outside the EU / EEA YES NO

Reservation ID: _____ Ship: _____ Departure Date: _____

Guests Name: _____ E-mail: _____ Telephone: _____

Please complete this form at time of booking and return by e-mail to specialistservicesuk@celebritycruises.com

In order for us to process all the possible requests in a timely manner **we need to receive at least 90 days prior to sailing.**

Mobility Guests with Flights through Celebrity Cruises;

Do you require wheelchair assistance at the AIRPORT? Yes No Can you climb aircraft steps unaided? Yes No

Able to ascend/descend steps into a coach for airport/ hotel/pier transfers Yes No

†Accessible (adapted) vehicle required for full time wheelchair users only Yes No - **Based on availability**

Pier Assistance;

Wheelchair assistance at the pier Yes No Assistance at the pier with own mobility equipment Yes No

Assistance at the pier for other medical reasons - **PLEASE LIST BELOW ANY OTHER SPECIAL REQUESTS:-**

Equipment

Please complete all dimensions so we may ensure that your device can be accommodated in the stateroom and if applicable, for transfers and shore excursions.



Are you bringing a... Is it... Battery type? Equipment Dimensions Combined Dimensions

Manual wheelchair Folding Gel Width: ____ (guest & equipment)

Power wheelchair Non-folding Dry Length: ____

Mobility Scooter Wet Height: ____ Height : ____

Weight (lbs): ____ Weight (lbs): ____

Note: At certain ports of call, gangway and tender conditions may make it difficult for equipment to be taken on or off the ship. Power wheelchairs and mobility scooters may not be taken on tenders unless roll-on capability is available.

Hotel Room Accommodations (for pre/post-cruise hotels and Cruisetours, based on availability)

Accessible hotel room with roll-in shower

Stateroom Accommodations (on the ship)

Accessible stateroom with roll-in shower required? Yes No If

you already have an accessible stateroom, please sign below:

I require an accessible stateroom because I have a mobility disability or other disability that requires the use of the accessible features that are provided in the stateroom. Signature: _____

Stateroom Facilities (on request)

Raised toilet seat Shower stool Commode chair

Medication

Refrigerator in your stateroom Sharp's Container for syringe disposal **Oxygen**

Bringing oxygen on board Oxygen delivered by an outside vendor

Vendor Name / Phone Number / E: Mail _____

Sleep Apnea

Bringing a CPAP or BIPAP machine* (distilled water and extension cord will be provided) **Dialysis**

Require *Peritoneal Dialysis*. Supplies delivered by an outside vendor. **Note:** If you require hemo-dialysis, please contact Specialist Services for information.

Low Vision / Blind

Large Print menus and daily activity planners Blind Low Vision

Hard of Hearing / Deaf.

(If you require US sign language interpreting services this must be requested at least 60 days prior to sailing)

Sign language interpreting services TTY (teletypewriter) in stateroom Stateroom visual-tactile alert

ASL (American Sign Language) (and hotel room in U.S. only) system for door knocking, smoke

Tactile Assistive Listening Device detector and telephone ringing

Policies: Requests for sign language interpreting services should be made at time of booking, but no later than 60 days prior to sailing. Please note requests are subject to availability of interpreters. Sign language interpreting services are provided on cruises to and from the U.S. and Canada, however SSP (Support Service Provider) services are not provided

Medical Related Dietary Requests

Regular Soy Milk Regular Lactose-free Milk Vanilla Ensure® Qty ____ cans (8-fl oz)

Other Food Related Requests including Allergies

Please note we are unable to guarantee an allergy-free environment, however we can make reasonable accommodation(s) for your allergies.

Other Medical Condition Requests

Accessible Shore Excursions

If you like to book accessible shore excursions please *contact the dedicated team at shorexaccess@celebrity.com for further details and to make arrangements.*

Pregnant Guests

I am ____ weeks pregnant

Policy: Pregnant guests must be under 24 weeks.

Infants

I have an infant that is ____ months old



Policy: Infants must be at least 6 months old on most cruises (12 months on select cruises). We can offer a baby food option which needs to be requested by sending an email special_needs@celebritycruises.com Or by calling 001 8665927225. Orders must be received no later than 80 days prior to sailing.

Please ensure you visit our website, or contact Special Services for further details of our policy. †Please note this is only for hotels/transfers purchased through ourselves. The above information will be passed onto any external suppliers and also our head office in Miami in order that the ship is fully appraised of our guests needs. However, we must emphasize that all requests are subject to availability and cannot be guaranteed. Please ensure that your holiday insurance adequately covers any pre-existing medical condition. For guests travelling on their own who have a medical condition, please be aware that you must be fully fit to travel alone, be fully self-sufficient and must not require any one to one care whilst onboard the ship, or at any stage during your holiday with us. The above also applies to any guest who normally has a carer. If not travelling with a carer, they must be fully self sufficient and not require any assistance normally provided by a carer, whilst onboard the ship, or at any stage during your holiday with us. Please be aware that we may require a letter from your GP with further details of any stated medical condition, in order to ensure your safe carriage, as per our terms and conditions. See our website for full details of our latest terms and conditions.
I have read and agree to all of the information on this form and understand that there is no guarantee that the above special requests can be met. Guest Signature Date
