

## **Guest Special Needs Form**

Guest's Name: Ship:			Reservation ID:				
			Departure Date:				
E-mail:			Telephone:				
We look forward to welc	oming you on your cru	ise with us.					
In order to ensure that y restrictions by completing			ou please advise us of any s	pecial needs or	dietary		
your vacation with us. Wo crew members e.g. hous airlines, ground transpor	/e will share such infor sekeeping staff. Where rtation, land-based hot EU where different rule	mation only as require e necessary we will alsels and shore excursions as apply to the use of	ossible, in catering for any sped in order to fulfil that object so share such information with providers. Such disclosure personal data. In such circum	ive with, for exan th certain third pa e may include tra	nple, certain arties e.g. nsfer of your		
			us (e.g. www.royalcaribbean. act details for a revocation of		is sets out		
I have read and underst	ood this consent decla	ration and confirm tha	ıt:				
(1) I consent to the pro	ocessing of sensitive p	ersonal data to cater t	or my special needs	YES	NO		
(2) I consent, as require	red to the transfer of m	y sensitive personal o	data outside of the EU	YES	NO		
We need to know at lea on sailings to and from	this as soon as possi arrangements as the 30 days prior to sail the U.S.to make these	tble, preferably in the nts to customize you ing (60 days if you are arrangements. If it is	e next three days, so we caur cruise to your needs.  e requesting American Sign L within 30 days, please submest not listed on this form, plequest.	n make the nec anguage interpr	eting services		
☐ Wheelchair assistar	nce at the pier		Cannot ascend/descend steps	s into a bus/moto	r coach		
			provided if you are a Cruise to not available outside the U.S		purchased		
Mobility Equipment Please complete all did applicable, for transfel			vice can be accommodated	d in the stateroc	om and if		
Are you bringing a	Is it	Battery type?	<b>Equipment Dimensions</b>	Combined Din	nensions		
☐ Manual wheelchair	☐ Folding	□ Gel	Width:	(Guest & Eq	juipment)		
☐ Power wheelchair	☐ Non-folding	□ Dry	Length:				
☐ Mobility Scooter			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. For more information, see <a href="https://www.celebritycruises.com/special-needs/accessibility/boarding-accessibility">www.celebritycruises.com/special-needs/accessibility/boarding-accessibility</a>

Please note that any wheelchair or scooter must be stored inside the stateroom.

The width of the doorway on our standard staterooms can be a minimum of 23 inches/58 cms.



## **Guest Special Needs Form**

Guest's Name:		Reservation ID:				
Written At	ttestation for A	Accessible S	Stateroom			
If you are booked in an accessible staterod	om, please sigr	n below:				
I require an accessible stateroom because the accessible features that are provided in						
Stateroom Accommodation (on the ship)						
	Shower stool Sharps containe	er for syringes		ommode chair (non motorized)		
lotel Room Accommodations (for any pre/po	st-cruise hote	els and Cruis	etours, ba	ased on availability)		
☐ Accessible hotel room with roll-in shower		☐ Accessible hotel room with tub				
Dialysis						
☐ Require <i>Peritoneal Dialysis</i> . Supplies delive	red by an outsi	de vendor.				
Vendor Name / Phone Number / Fax Number	er					
Note: If you require hemo-dialysis, please cont	act our Access	s Department	for assista	nnce.		
Accessible Shore Excursions						
Would you like to book accessible shore excur-	sions?	□ Yes	□ No			
If yes, contact our Accessible Shore Excursion	s team at <mark>shor</mark>	rexaccess@	celebrity.c	om to arrange your excursions.		
Can you do minimal walking?		□ Yes	□ No	Distance:		
Are you traveling with a companion who can as	ssist you?	☐ Yes	□ No			
Are you able to transfer from wheelchair to a se	eat?	☐ Yes	□ No			
<b>Note</b> : The above information will be passed ald Equipment Section above so we can ensure the						
Medical Equipment						
☐ Bringing CPAP onboard (distilled water and €	extension cord	will be provid	led)			
☐ Bringing hospital bed onboard /endor Name / Phone Number / Fax Number		☐ Hospital bed delivered by an outside vendor				
☐ Bringing oxygen onboard /endor Name / Phone Number / Fax Number		☐ Oxygen delivered by an outside vendor				
Bringing a Recliner dor Name / Phone Number / Fax Number		☐ Recliner delivered by an outside vendor		y an outside vendor		
Bringing ventilator onboard ndor Name / Phone Number / Fax Number		☐ Ventilator delivered by an outside vendor		by an outside vendor		
ow Vision / Blind						
☐ Large Print menus and daily activity planner	'S	☐ Blind	□ Low	Vision		
☐ Preferred front row seating for shows in Main		dio B. Aqua T	heatre and	dother venues		



## **Guest Special Needs Form**

Guest's Name:	Reservation ID:			
Hard of Hearing / Deaf				
Sign language interpreting services	☐ TTY (teletypewriter) in stateroom	☐ Stateroom visual-tactile alert		
☐ American Sign Language (ASL)	(and hotel room in U.S. only)	system for door knocking, smoke		
☐ Tactile	□ C.A.R.T.	detector and telephone ringing		
than 60 days prior to sailing. Requests	Language (ASL) interpreting services shoul are subject to availability of interpreters. Se (Support Service Provider) services are no	rvices are provided on cruises to and from		
Autism / Developmental Disabilities				
☐ Autism ☐ Developmen	tal Disability			
Medical Related Dietary Requests				
☐ Vanilla Ensure® Qtycans (8-fl o	z)			
Note: We carry lactose free milk, soy n	nilk, and almond milk onboard and is availab	le upon request.		
Service Dog				
☐ Bringing a service dog	□ Breed:□ Tasked tra	ained to perform:		
	at: www.aphis.usda.gov/aphis/pet-travel/ A			
OTHER Disability Related Needs include	ding Allergies (food and non-food related	)		
	e an allergy-free environment; however, we didietary requests may be able to be acco			

Please contact us if you have any questions. Thank you and we look forward to welcoming you onboard!

ACCESS
Special\_needs@celebrity.com
1 866 592 7225
Monday – Friday 9 AM to 6 PM

1050 Caribbean Way Miami, Fl. 33123 ATTN: Access Department

**IMPORTANT NOTE FOR CRUISETOURS GUESTS** – Please note Canadian CruiseTours are not wheelchair accessible. Therefore, we will not be able to accommodate guests who are full-time wheelchair users. If guests can take several steps to get into the motor coaches and can maneuver in a standard hotel room (instead of an accessible room), they may be accommodated. Parts of these Cruisetours may require extended periods of walking over uneven surfaces and/or steep terrain, as well as standing and steps. If you have questions regarding Cruisetour accessibility, please contact our Access Department.

For more information, see <a href="https://www.Celebrity.com/AccessibleSeas">www.Celebrity.com/AccessibleSeas</a>