We look forward to welcoming you on your cruise with us.

In order to ensure that you have the best experience possible, can you please advise us of any special needs or dietary restrictions by completing the following Special Needs Form.

The information you provide will assist us, so far as is reasonably possible, in catering for any special needs you may have on your vacation with us. We will share such information only as required in order to fulfil that objective with, for example, certain crew members e.g. housekeeping staff. Where necessary we will also share such information with certain third parties e.g. airlines, ground transportation, land-based hotels and shore excursion providers. Such disclosure may include transfer of your information outside the EU where different rules apply to the use of personal data. In such circumstances we shall ensure that such providers meet the highest standards of data privacy.

You can read our global privacy policy on any website operated by us (e.g. www.royalcaribbean.com/privacy). This sets out your rights to access, rectification and erasure of your data and contact details for a revocation of your consent.

I have read and understood this consent declaration and confirm that:

(1) I consent to the processing of sensitive personal data to cater for my special needs YES NO
(2) I consent, as required to the transfer of my sensitive personal data outside of the EU YES NO

For your convenience, you can complete this form on-line at www.Celebrity.com/SpecialNeedsForm. We ask you do this as soon as possible, preferably in the next three days, so we can make the necessary arrangements to customize your cruise to your needs.

We need to know at least 30 days prior to sailing (60 days if you are requesting American Sign Language interpreting services on sailings to and from the U.S.) to make these arrangements. If it is within 30 days, please submit the form and we will make a reasonable effort to accommodate your request. If there is a request not listed on this form, please use the OTHER field to make your request.

Mobility

☐ Wheelchair assistance at the pier
☐ Cannot ascend/descend steps into a bus/motor coach

*Note: Accessible transportation (with either a lift or ramp) will be provided if you are a Cruise tour guest or have purchased cruise only transfers. Accessible transportation may be limited or not available outside the U.S.

Mobility 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.*

<table>
<thead>
<tr>
<th>Are you bringing a...</th>
<th>Is it...</th>
<th>Battery type?</th>
<th>Equipment Dimensions</th>
<th>Combined Dimensions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manual wheelchair</td>
<td>Folding</td>
<td>Gel</td>
<td>Width: _____</td>
<td>(Guest &amp; Equipment)</td>
</tr>
<tr>
<td></td>
<td>Non-folding</td>
<td>Dry</td>
<td>Length: _____</td>
<td></td>
</tr>
<tr>
<td>Power wheelchair</td>
<td></td>
<td></td>
<td>Height: _____</td>
<td></td>
</tr>
<tr>
<td>Mobility Scooter</td>
<td></td>
<td></td>
<td>Weight (lbs): _____</td>
<td></td>
</tr>
</tbody>
</table>

*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 www.celebritycruises.com/special-needs/accessibility/boarding-accessibility*
Guest Special Needs Form

Guest’s Name: ___________________________    Reservation ID: ______________

Written Attestation for Accessible Stateroom
If you are booked in 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 Accommodation (on the ship)
- [ ] Raised toilet seat
- [ ] Refrigerator in your stateroom
- [ ] Shower stool
- [ ] Sharps container for syringes
- [ ] Commode chair (non motorized)

Hotel Room Accommodations (for any pre/post-cruise hotels and Cruisetours, based on availability)
- [ ] Accessible hotel room with roll-in shower
- [ ] Accessible hotel room with tub

Dialysis
- [ ] Require Peritoneal Dialysis. Supplies delivered by an outside vendor.
  Vendor Name / Phone Number / Fax Number _______________________________
  
  Note: If you require hemo-dialysis, please contact our Access Department for assistance.

Accessible Shore Excursions
Would you like to book accessible shore excursions?  [ ] Yes  [ ] No

If yes, contact our Accessible Shore Excursions team at shorexaccess@celebrity.com to arrange your excursions.

Can you do minimal walking?  [ ] Yes  [ ] No  Distance: ___________

Are you traveling with a companion who can assist you?  [ ] Yes  [ ] No

Are you able to transfer from wheelchair to a seat?  [ ] Yes  [ ] No

Note: The above information will be passed along to our Accessible Shore Excursions team. Be sure to complete the Equipment Section above so we can ensure the tour operator will be able to accommodate your device.

Medical Equipment
- [ ] Bringing CPAP onboard (distilled water and extension cord will be provided)
  Vendor Name / Phone Number / Fax Number _______________________________

- [ ] Bringing hospital bed onboard
  Vendor Name / Phone Number / Fax Number _______________________________

- [ ] Hospital bed delivered by an outside vendor
  Vendor Name / Phone Number / Fax Number _______________________________

- [ ] Bringing oxygen onboard
  Vendor Name / Phone Number / Fax Number _______________________________

- [ ] Oxygen delivered by an outside vendor
  Vendor Name / Phone Number / Fax Number _______________________________

- [ ] Bringing a Recliner
  Vendor Name / Phone Number / Fax Number _______________________________

- [ ] Recliner delivered by an outside vendor
  Vendor Name / Phone Number / Fax Number _______________________________

- [ ] Bringing ventilator onboard
  Vendor Name / Phone Number / Fax Number _______________________________

- [ ] Ventilator delivered by an outside vendor
  Vendor Name / Phone Number / Fax Number _______________________________

Low Vision / Blind
- [ ] Large Print menus and daily activity planners
- [ ] Blind
- [ ] Low Vision
- [ ] Preferred front row seating for shows in Main Theatre, Studio B, Aqua Theatre and other venues
Guest Special Needs Form

Guest’s Name: _________________________  Reservation ID: ______________

Hard of Hearing / Deaf

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sign language interpreting services</td>
<td>TTY (teletypewriter) in stateroom</td>
</tr>
<tr>
<td>☐ American Sign Language (ASL)</td>
<td>(and hotel room in U.S. only)</td>
</tr>
<tr>
<td>☐ Tactile</td>
<td>☐ C.A.R.T.</td>
</tr>
</tbody>
</table>

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

Autism / Developmental Disabilities

<table>
<thead>
<tr>
<th>Disability</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Autism</td>
</tr>
<tr>
<td>☐ Developmental Disability</td>
</tr>
</tbody>
</table>

Medical Related Dietary Requests

<table>
<thead>
<tr>
<th>Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Vanilla Ensure® Qty _____ cans (8-fl oz)</td>
</tr>
</tbody>
</table>

**Note:** We carry lactose free milk, soy milk, and almond milk onboard and is available upon request.

Service Dog

<table>
<thead>
<tr>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Bringing a service dog</td>
</tr>
<tr>
<td>☐ Breed: _____________________</td>
</tr>
<tr>
<td>☐ Tasked trained to perform:</td>
</tr>
</tbody>
</table>

Guests are responsible for obtaining required permits for service dogs to depart the ship. Step by Step guide to service dogs departing U.S and Canada can be found at: [www.aphis.usda.gov/aphis/pet-travel/](http://www.aphis.usda.gov/aphis/pet-travel/) A 4-foot by 4-foot relief area with cypress mulch will be provided.

**OTHER Disability Related Needs including Allergies (food and non-food related)**

Please note we are unable to guarantee an allergy-free environment; however, we can make reasonable accommodation(s) for your allergies. **Not all disability and dietary requests may be able to be accommodated.**

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 [www.Celebrity.com/AccessibleSeas](http://www.Celebrity.com/AccessibleSeas)