

## SPECIAL REQUIREMENTS INFORMATION

Carnival Cruise Lines is committed to offering a quality cruise experience to all guests. To assist Carnival Cruise Lines in providing this experience, please complete the following information.

Your Name		Booking Number		Today's Date:		Sailing Date		
Home Tel #		Email Address		Ship		Stateroom		
Medical Equipment ar	s, or supplies, it is important that you hand carry to avoid e with boarding your supplies, please see a Carnival							
refrigeration, stateroom temperature requireme	mini-bars are designed to nts. Portable refrigerators	o <b>maintain</b> th are available	ontainer for disposal, please ne temperature of beverages e onboard in limited quantitie ease contact them once onb	s. Please do no es and on a firs	t use the mini-bar to	store medica	tions that have specific	
For our guests who require wheelchair assistance only with getting on and off the ship in homeports, this form is not required.					For guests bringing Oxygen Tanks:			
<u>I will bring a wheelchair:</u> ☐ Yes ☐ No <u>Type</u> : ☐ Fold-up ☐ Electric ☐ Scooter ☐ Walker					☐ Liquid Oxygen/Helios liters/lbs:			
Wheelchair/Scooter dimensions: Weight: in Length: in. Height in.					☐ Compressed Tanks Number and size of tanks:			
I use my Wheelchair, Scooter, or Electrical Wheelchair:					I have arranged delivery of oxygen with a medical supply company: ☐ Yes ☐ No			
☐ At all times ☐ Occasionally ☐ For distance only								
My Mobility is:					Vendor Name:			
□ No Mobility □ Limited □ I am ambulatory (able to walk)					Vendor Phone:  The Medical Center is equipped with oxygen for emergency use ONLY. If you will require the use of oxygen during your cruise, you must arrange for an adequate supply to be delivered to the ship on your sailing date. Please contact Guest Services once onboard for proper storage of your oxygen, which is required for safety reasons. All guests are responsible for the pickup and delivery of their oxygen. Please have your medical supply company contact us, otherwise port clearance may not be granted.			
								I have booked stateroom: which is a: standard
Will you require Special Transportation (wheelchair lift) from the airport to pier? Special Transportation Service is only available for guests who have purchased transfers from Carnival Cruise Lines. :								
☐ Yes ☐ No								
Please bring your own wheelchair. Carnival Cruise Lines is unable to guarantee the exclusive use or availability of wheelchairs onboard								
<b>Mobility Scooters:</b> Passenger scooters must be stored and batteries recharged in your stateroom. Due to safety considerations, wheelchairs and scooters cannot be stored in the corridors. Furthermore, the Guest Services office <u>cannot</u> store personal scooters, nor be used to recharge batteries. Your personal scooter should be able to fit in a standard stateroom with a 21" entry doorway. If your scooter is larger than 21", you must purchase a modified stateroom or rent a smaller scooter. <b>Segways and other similar vehicles are not permitted on board our vessels.</b>								For Guests who a
					Require a TTY/TDD Kit in my stateroom? ☐ Yes ☐ No			
					This kit includes visual notifications (smoke alarm, bed			
					shaker, and doorknocker), a portable TTY/TDD phone, and a phone amplifier.			
I attest that I, or another individual traveling in the same cabin, have a disability which substantially limits a major life activity/function. This disability requires the continuing use of a mobility device and the use of the accessible features provided in the wheelchair accessible cabin.					I wish to bring a ser	vice dog;	Yes 🗌 No	
					Note: I understand pets are not permitted onboard to sail. By signing below, I certify that my service dog has been individually trained to do work or perform a task for me.			
Please be advised that Carnival may investigate the potential misuse of an accessible cabin and where appropriate may take action which includes, but is not limited to, removal from the accessible cabin up to denial of boarding."								
					All service dogs must have the required immunization and paperwork.			
Signature	Date					-		
Oignature	Date							

PLEASE RETURN TO: FamilyLife / Attn: Matt Eberle Email: lovelikeyoumeanit@familylife.com

(please hand carry original document.)