

Special Needs Form

E-mail:			_ Telephone:		
We look forward to welco	ming you on your cruis	se with us.			
	u have the best experi	ence possible, can yo	ou please advise us of any sp	pecial needs or dietary	
your vacation with us. We crew members e.g. house airlines, ground transports	e will share such inform ekeeping staff. Where ation, land-based hote U where different rules	nation only as required necessary we will also Is and shore excursio apply to the use of p	ssible, in catering for any sped in order to fulfil that objective share such information with providers. Such disclosure ersonal data. In such circums	ve with, for example, certain a certain third parties e.g. may include transfer of your	
			s (e.g. www.royalcaribbean.c		
I have read and understo	od this consent declara	ation and confirm that			
(1) I consent to the prod	I consent to the processing of sensitive personal data to cater for my special needs				
	ata outside of the EU	YES NO			
	_		omit the form and we will mak form, please use the OTHER		
☐ Wheelchair assistand	ce at the pier	□ Ca	annot ascend/descend steps	into a bus/motor coach	
Mobility Equipment Please complete all dir	ccessible transportation mensions so we may	on may be limited or n	rovided if you are a Cruise too not available outside the U.S. evice can be accommodated	· ·	
applicable, for transfer					
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			Height:	Height:	
			Weight (lbs):	Weight (lbs):	
	nobility scooters may n	ot be taken on tender	ake it difficult for equipment to s unless roll-on capability is 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.



Special Needs Form

Guest's Name:	Reservation ID:					
Written Attestation fo	r Accessible	e Stateroom	ı			
If you are booked in an accessible stateroom, please si	If you are booked in an accessible stateroom, please sign below:					
I require an accessible stateroom because I have a mo the accessible features that are provided in the stateroo						
Stateroom Accommodation (on the ship)						
□ Raised toilet seat □ Shower stool □ Refrigerator in your stateroom □ Sharps contain			ommode chair (non-motorized)			
Hotel Room Accommodations (for any pre/post-cruise ho						
☐ Accessible hotel room with roll-in shower	☐ Access	sible hotel ro	om with tub			
Dialysis						
☐ Require <i>Peritoneal Dialysis</i> . Supplies delivered by an ou	tside vendor.					
Vendor Name / Phone Number / Fax Number						
Note: If you require hemo-dialysis, please contact our Acce	ess Departme	ent for assist	ance.			
Accessible Shore Excursions						
Would you like to book accessible shore excursions?	☐ Yes	□ No				
If yes, contact our Accessible Shore Excursions team at sh	orexaccess	@rccl.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 Ac Equipment Section above so we can ensure the tour opera						
Medical Equipment						
☐ Bringing CPAP onboard (distilled water and extension co	ord will be pr	ovided)				
□ Bringing hospital bed onboard Vendor Name / Phone Number / Fax Number						
☐ Bringing oxygen onboard Vendor Name / Phone Number / Fax Number		gen delivere	ed by an outside vendor —			
☐ Bringing a recliner Vendor Name / Phone Number / Fax Number		ner delivered	d by an outside vendor —			
☐ Bringing ventilator onboard Vendor Name / Phone Number / Fax Number			red by an outside vendor —			
Low Vision / Blind						
☐ Large Print menus and daily activity planners	□ Blind		v Vision			
☐ Preferred front row seating for shows in Main Theatre, St	tudio B, Aqua	a Theatre an	d other venues			



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Guest's Name:	Reservation ID:		
Hard of Hearing / Deaf			
		Chatana ana viaval ta stila alant	
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	☐ Assistive Listening Device	detector and telephone ringing	
than 60 days prior to sailing. Requests		ald be made at time of booking, but no later ervices are provided on cruises to and from not provided.	
Autism / Developmental Disabilities			
☐ Autism ☐ Developmen	tal Disability		
Medical Related Dietary Requests			
☐ Vanilla Ensure® Qty cans (8-fl	oz)		
Note: We carry lactose free milk, soym	ilk, and almond milk onboard and is availa	ble upon request.	
Service Dog			
☐ Bringing a service dog	☐ Breed: ☐ Tasked	trained to perform:	
OTHER Disability Related Needs inclu	ding Allergies (food and non-food relate	ed)	
	e an allergy-free environment; however, w d dietary requests may be able to be ac	e can make reasonable accommodation(s) commodated.	

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 a can maneuver in a standard hotel room (instead of an accessible room), they may be accommodated.