

Guest's Name:

## **Special Needs Form**

Reservation ID: \_\_\_\_\_

Ship:			_ Departure Date:	Departure Date:		
	E-mail: Telephone:				_	
We look forward to welco	ming you on your cruis	se with us.				
n 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.						
your vacation with us. We crew members e.g. house airlines, ground transport	e will share such inform ekeeping staff. Where ation, land-based hote U where different rules	nation only as require necessary we will als Is and shore excursic apply to the use of p	ssible, in catering for any sped in order to fulfil that objective share such information with n providers. Such disclosure ersonal data. In such circums	ve with, for exa n certain third p may include tr	imple, certain parties e.g. ransfer of your	
			s (e.g. www.royalcaribbean.cact details for a revocation of		his sets out	
I have read and understo	od this consent declara	ation and confirm tha	:			
(1) I consent to the prod	I consent to the processing of sensitive personal data to cater for my special needs				NO	
(2) I consent, as require	2) I consent, as required to the transfer of my sensitive personal data outside of the EU				NO	
			omit the form and we will make form, please use the OTHER			
☐ Wheelchair assistan	ce at the pier	□С	annot ascend/descend steps	into a bus/mot	tor coach	
			rovided if you are a Cruise to not available outside the U.S.		e purchased/	
Mobility Equipment Please complete all dia applicable, for transfer	mensions so we may rs and shore excursion	ensure that your de	evice can be accommodate	d in the stater	room and if	
Are you bringing a	ls it	Battery type?	<b>Equipment Dimensions</b>	Combined D	imensions	
☐ Manual wheelchair	☐ Folding	□ Gel	Width:	(Guest & I	Equipment)	
☐ Power wheelchair	☐ Non-folding	□ Dry	Length:	-	· ·	
☐ Mobility Scooter	_		Height:	Height:		
			Weight (lbs):	Weight (lbs):		
•	nobility scooters may n	ot be taken on tende	ake it difficult for equipment to rs unless roll-on capability is		•	

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	n for Accessible Stateroom				
If you are booked in an accessible stateroom, please sign below:					
I require an accessible stateroom because I have a the accessible features that are provided in the state	mobility disability or other disability that requires the use of eroom. Signature:				
Stateroom Accommodation (on the ship)					
□ Raised toilet seat □ Shower sto □ Refrigerator in your stateroom □ Sharps cor	ool				
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 <i>Peritoneal Dialysis</i> . Supplies delivered by an Vendor Name / Phone Number / Fax Number					
Note: If you require hemo-dialysis, please contact our A	ccess 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	t shorexaccess@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				
<b>Note</b> : The above information will be passed along to our Equipment Section above so we can ensure the tour ope	r Accessible Shore Excursions team. Be sure to complete the erator will be able to accommodate your device.				
Medical Equipment					
☐ Bringing CPAP onboard (distilled water and extension	n cord will be provided)				
☐ Bringing hospital bed onboard  Vendor Name / Phone Number / Fax Number	☐ Hospital bed delivered by an outside vendor				
☐ Bringing oxygen onboard  Vendor Name / Phone Number / Fax Number	☐ Oxygen delivered by an outside vendor				
☐ Bringing a recliner  Vendor Name / Phone Number / Fax Number	☐ Recliner delivered by an outside vendor				
☐ Bringing ventilator onboard  Vendor Name / Phone Number / Fax Number	□ Ventilator delivered by an outside vendor				
Low Vision / Blind					
☐ Large Print menus and daily activity planners	☐ Blind ☐ Low Vision				
□ Preferred front row seating for shows in Main Theatre	Studio B. Agua Theatre and other venues				



## **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	☐ Assistive Listening Device	detector and telephone ringing					
<b>Policies:</b> 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							
☐ Autism ☐ Developmenta	l Disability						
Medical Related Dietary Requests							
☐ Vanilla Ensure® Qty cans (8-fl oz	)						
Note: We carry lactose free milk, soymilk	s, and almond milk onboard and is availab	le upon request.					
Service Dog							
☐ Bringing a service dog ☐	Breed:   Tasked to	rained to perform:					
	pe found at: <a href="www.agriculture.gov.au/cats-region">www.agriculture.gov.au/cats-region</a>	e ship. Step by Step guide to service dogs dogs/assistance-dogs/travelling-cruise-					
OTHER Disability Related Needs includi	ng Allergies (food and non-food related	d)					
Please note we are unable to guarantee for your allergies. <b>Not all disability and</b>		can make reasonable accommodation(s) ommodated.					
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Please contact us if you have any questions. Thank you and we look forward to welcoming you onboard!

ACCESS DEPARTMENT specialneeds.au@rcclapac.com 1800 754 500 Australia 0800 102 123 New Zealand

Monday – Friday 9 AM to 6 PM Level 12, 157 Walker Street, North Sydney, NSW 2060 AUSTRALIA 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.RoyalCaribbean.com.au/AccessibleSeas