

Thank you for booking a Carnival Cruise Line "Fun Ship®" vacation!

We have been informed that you or a traveling companion is expecting. Congratulations!

Please be advised of our policy as it relates to pregnant guests, as set forth in our Ticket Contract, a copy of which is available upon request and also posted on our web site: carnival.com

Guest understands and acknowledges that in addition to the limitations on medical care described in Clause 2(a) of the cruise ticket contract, prenatal and early infant care, in particular, may require specialized diagnostic facilities and/or treatment that are not obtainable during the cruise on board the ship and/or ashore in ports of call. Therefore, Guest agrees not to book a cruise or board the ship unless she is 24 completed weeks or less on the day of disembarkation.

We kindly request that your physician complete and return the attached form verifying your fitness to travel. This form must be in our offices 7 days prior to your departure. Failure to receive the completed form will result in cancellation of your reservation and applicable penalties will be charged. The completed form is to be sent to Guest Access Support Department at specialneeds@carnival.com or by fax: 1-800-532-9225.

If you feel you have received this letter in error, please contact any of our representatives for further assistance.

Carnival Cruise Lines and the Guest Access Support department would like to thank you for choosing us and are looking forward to welcoming you onboard the "Fun Ships®" of Carnival Cruise Lines.

Carnival Cruise Lines
Guest Access Support
E-mail: specialneeds@carnival.com

ATTENDING PHYSICIAN PREGNANCY CERTIFICATION

Guest Name: _____

Guest Date of Birth: _____

Booking Number _____ Ship Name: _____

Day of Disembarkation (i.e. last day of cruise): _____

Carnival's Pregnancy Policy: Guests who on the day of disembarkation, are more than 24 completed weeks pregnant will not be allowed to sail. Pregnant women with 24 completed weeks or less, on the day of disembarkation must submit, prior to departure, a letter from her attending physician certifying that her gestational status is in accordance with this policy, and that the expecting mother is fit to sail.

TO BE COMPLETED BY PHYSICIAN

On _____ the Estimated Gestational Age is 25 or more weeks. Yes or NO (circle one)

The above named patient is under my obstetrical care. In my opinion, no obstetrical related contraindications currently exist nor are expected to develop for this patient to sail aboard the booked Carnival cruise sailing as referenced above.

Physician's Signature

Date

PHYSICIAN'S INFORMATION

Name: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

PLEASE RETURN TO:

Carnival Cruise Lines
Guest Access Support
3655 NW 87th Avenue
Miami, FL 33178
specialneeds@carnival.com
(please hand carry original document.)