



## SPECIAL REQUIREMENTS INFORMATION

Carnival Cruise Lines will seek, to the extent feasible, to accommodate the needs of all guests so they can enjoy our ships and other facilities. In limited situations where an individual with a disability would be unable to satisfy certain safety criteria, even when provided with appropriate auxiliary aids and services, we will not permit the person to travel unless he or she can make alternative arrangements that would enable him or her to meet such criteria. The following information is necessary so that we are fully aware of any special medical, physical or other requirements you may have.

Your Name:	Booking Number:	Today's Date: _____ Sailing Date: _____
Home Tel #:	email address:	Ship _____ Stateroom : _____

Will you require Special Transportation (wheelchair lift) from the airport to pier? Special Transportation Service is only available for guests who have purchased air or transfers from Carnival Cruise Lines.  
 Yes  No

**Alaska Guests Only:** Which one have you booked? Cruise Tour:

**Please note:** Our ship Medical Centers have very limited capabilities. If you are currently undergoing medical treatment or have a medical condition, which may require treatment onboard, please provide as much detail as possible below regarding your medical needs.

Please describe any special medical, physical, or other requirements you have in the space below. If necessary attach an additional page.


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**For guests bringing Medication:** Are your medications injectable?  Yes  No  
Do you use a Lancet Product to test your blood sugar?  Yes  No  
If you are traveling with injectable medication(s) and need a container for disposal, please contact the Medical Center or Housekeeping onboard. Staterooms are equipped with mini-bars which are designed to **maintain** the temperature of beverages. Please do not use it to store medications that have specific temperature requirements. Should you need to store medicine that needs proper refrigeration, please visit Guest Services where access to a refrigerator is available 24 hours a day. Ships equipped with mini-bars are: CARNIVAL CONQUEST, CARNIVAL DREAM, CARNIVAL FREEDOM, CARNIVAL GLORY, CARNIVAL LEGEND, CARNIVAL LIBERTY, CARNIVAL MIRACLE, CARNIVAL PRIDE, CARNIVAL SPIRIT, CARNIVAL SPLENDOR and CARNIVAL VALOR.

**For guests using Wheelchairs/Mobility Scooters:**



I am bringing the following wheelchair:

Mobility Cart/Scooter Dimensions: W:\_\_\_\_ L:\_\_\_\_ H:\_\_\_\_  
 Manual Wheelchair Dimensions: W:\_\_\_\_ L:\_\_\_\_ H:\_\_\_\_  
 Electric Wheelchair Dimensions: W:\_\_\_\_ L:\_\_\_\_ H:\_\_\_\_

I use a Wheelchair/Scooter:  At all times/No Mobility  
 Occasionally/Limited Mobility  Distance Only/Mobile

I am being accompanied by a person who is willing and able to provide me with assistance:  Yes  No

I will require a modified/accessible cabin:  Yes  No

(Although Carnival Cruise Lines does not require that you be accompanied by an attendant the presence of an attendant may enable you to meet the safety and other criteria necessary to travel.)

**\*Please bring your own wheelchair. Carnival Cruise Lines is unable to guarantee the exclusivity of wheelchairs onboard.**

**For guests bringing Oxygen Tanks/Machines:**  
I will bring (please select all that apply):

Oxygen Tanks  Concentrator  
 CPAP or BIPAP  Nebulizer

I have arranged delivery of oxygen with a medical supply company:  
 Yes  No

Please contact once onboard for proper storage of your oxygen. All guests are responsible for the pick up and delivery of their oxygen. Please have your medical supply company contact us; otherwise port clearance may not be granted. 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. Likewise, all guests undergoing CAPD (Peritoneal Dialysis) must arrange for the delivery of solutions and supplies.

**For Deaf/Hard of Hearing guests:** Will you require a TTY/TDD Kit in your cabin?  Yes  No

This kit includes visual notifications (smoke alarm, bed shaker, door knocker), a portable TTY/TDD phone and a phone amplifier.

**SPECIAL NOTE:** It would be most helpful for you to carry with you a copy of your medical records (e.g., EKG, medication list, allergies, telephone number for your personal physician) should medical care be required during your travel. Thank you for your assistance in helping us make your travel as enjoyable and beneficial as possible.

**Please return completed form to:**

**Carnival Cruise Lines, Guest Access Services Desk  
3655 NW 87th Avenue Miami, FL 33178-2428  
Mail Stop MSRZ 352S or Fax to 1-800-532-9225.  
email:specialneeds@carnival.com**

**I authorize Carnival Cruise Lines to release this information to any third party who may need it in order to accommodate my special requirements.**

Guest's Signature: \_\_\_\_\_ Date: \_\_\_\_\_