Please be advised of our policy as it relates to pregnant guests, as set forth in our Cruise 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 if she will enter the 24th week of estimated fetal gestational age before or at any time during the cruise.

We kindly request that your physician complete and return the attached form verifying your fitness to travel. Carnival will not accept any agreement or recommendation from the guest and/or her physician that the policy be waived. It is the guest’s responsibility to provide this pregnancy certification form to her physician and to follow up with its timely completion and submittal to Carnival no later than 14 days prior to sailing. Failure to submit the completed form will result in denial of boarding and no compensation will be provided. The completed form is to be sent to Guest Access Support Department at specialneeds@carnival.com or by fax: 1-800-532-9225.

Please carry with you during your entire cruise the signed pregnancy certification form.

We reserve the right to request at check-in a copy of the signed pregnancy certification form; guests who booked within 14 days of sail date must bring the original with them.

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

We look forward to providing you a FUN and memorable cruise vacation. See you on board!
GUEST'S ACKNOWLEDGEMENT OF CARNIVAL'S PREGNANCY POLICY AND ATTENDING PHYSICIAN'S PREGNANCY CERTIFICATION

CARNIVAL'S PREGNANCY POLICY: Pregnant guests who enter the 24th week of estimated fetal gestational age before or at any time during the cruise will not be allowed to sail. Pregnant guests, who will not enter the 24th week of estimated fetal gestational age before or at any time during the cruise, must submit, prior to departure, a letter from their attending physician certifying that their gestational status is in accordance with this policy, and that the expecting mother is fit to sail. Carnival will not accept any agreement or recommendation from the guest and/or her physician that the policy be waived.

IMPORTANT: If you are pregnant or trying to become pregnant, please visit the FAQ section of carnival.com to learn more about the mosquito-borne Zika virus as well as visit the U.S. Centers for Disease Control website for important information.

RESPONSIBILITY TO TIMELY NOTIFY: As provided in the cruise ticket contract, the guest is solely responsible for notifying Carnival of her gestational status, and for being in full compliance with Carnival's pregnancy policy. It is the guest's responsibility to provide this pregnancy certification form to her physician and to follow up with its timely completion and submittal to Carnival no later than 14 days prior to sailing. Failure to submit the completed form will result in denial of boarding and no compensation will be provided. Carnival reserves the right to request at check-in a legible copy of the completed form; Guests who booked within 14 days of sail date must bring original with them for collection at embarkation.

TO BE COMPLETED BY GUEST:

Guest Name: ____________________________

Booking Number: __________ Ship Name: _________ Sail Date: _______

I, ____________________________ [NAME], ACKNOWLEDGE CARNIVAL’S PREGNANCY POLICY, AND AGREE THAT IT IS MY RESPONSIBILITY TO NOTIFY AND UPDATE CARNIVAL OF MY GESTATIONAL STATUS, TO REQUEST MY PHYSICIAN TO TIMELY COMPLETE AND SUBMIT THIS PREGNANCY CERTIFICATION FORM, AND TO ENSURE OF ITS PROPER DELIVERY TO CARNIVAL’S SPECIAL NEEDS DEPARTMENT NO LATER THAN 14 DAYS PRIOR TO SAILING OR RISK DENIAL OF BOARDING WITHOUT COMPENSATION.

GUEST’S SIGNATURE __________________________________________ DATE ______________

TO BE COMPLETED BY PHYSICIAN

PHYSICIAN’S INFORMATION

Name ________________________ Phone: ___________________ Fax: _______________

Address: ________________________________ Email: ______________________

Guest has met the requirements of this policy and will not enter the 24th week of estimated fetal gestational age before or at any time during the cruise: Yes _______ No: _______

Her estimated date of delivery (EDD) is: ________________________

Gestational age as of today’s date is: ____________________________

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