## Carnival<sup>®</sup>\_\_\_

## SPECIAL REQUIREMENTS INFORMATION

Carnival Cruise Line is committed to offering a quality cruise experience to all guests. To assist Carnival Cruise Line in providing this experience, please complete the following information. Questions: Please contact our Guest Access Team at <a href="mailto:specialneeds@carnival.com">specialneeds@carnival.com</a>.

Your Name		Booking Number		Today's Date:		Sailing Date	
Home Tel #		Email Address		Ship		Stateroom	
Medical Equipment and Supplies: If you need to travel with your own medical equipment, medications, or supplies, it is important that you hand carry to avoid any loss or damage. Please do not pack these items with your checked luggage. If you need assistance with boarding your supplies, please see a Carnival Cruise Line representative once inside the embarkation lobby.							
If you are traveling with injectable medication(s) and need a container for disposal, please contact the Housekeeping team onboard. If your medication requires refrigeration, stateroom mini-bars are designed to <b>maintain</b> the temperature of beverages. Please do not use the mini-bar to store medications that have specific temperature requirements. Portable refrigerators are available onboard in limited quantities and on a first come, first serve basis. If a portable refrigerator is unavailable our ships Medical Center will arrange storage, please contact them once onboard							
For our guests who require wheelchair assistance only with getting on and off the ship in homeports, this form is not required.					For guests bringing Oxygen Tanks:		
I will bring a wheelchair: 🗌 Yes 🗌 No Type: 🗌 Fold-up 📋 Electric 🗌 Scooter 🗌 Walker					Liquid Oxygen/Helios liters/lbs:		
Wheelchair/Scooter dimensions: Weight:lbs Width:in Length:in. Heightin.					Compressed Tanks number and size of tanks::		
I use my Wheelchair, Scooter, or Electrical Wheelchair:					I have arranged delivery of oxygen with a medical supply company:  Yes No		
At all times Occasionally For distance only					Vendor Name:		
My Mobility is:					Vendor Phone:		
□ No Mobility □ Limited □ I am ambulatory (able to walk)					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. Please contact Guest Services once onboard for proper storage of your oxygen, which is required for safety reasons. All guests are responsible for the pickup and delivery of their oxygen. Please have your medical supply company contact us, otherwise port clearance may not be granted.		
I have booked stateroom: which is a: standard 🗌 wheelchair accessible stateroom 🗌							
Will you require Special Transportation (wheelchair lift) from the airport to pier? Special Transportation Service is only available for guests who have purchased transfers from Carnival Cruise Line. :							
Yes No					For Guests who are deaf or hearing impaired:		
Please bring your own w of wheelchairs onboard	ease bring your own wheelchair. Carnival Cruise Line is unable to guarantee the exclusive use or availability f wheelchairs onboard				Require a TTY/TDD Kit in my stateroom?		
		tored and batteries recharged in your stat not be stored in the corridors. Furtherm r be used to recharge batteries. Your po 21" entry doorway. If your scooter is large ller scooter. <b>Segways and other simila</b>		ore, the Guest rsonal scooter r than 21", you	Yes No		
Services office <u>cannot</u> st should be able to fit in a	ore personal scooters, nor standard stateroom with a 2				This kit includes visual notifications (smoke alarm, bed shaker, and doorknocker), a portable TTY/TDD phone, and a phone amplifier.		
not permitted on board our vessels.					l wish to bring a service dog; 🔲 Yes 🔄 No		
I understand that the accessible stateroom selected is intended for use by guests who need the accessible features of the room due to a disability. Carnival Cruise Line reserves the right to take appropriate action against someone who has misrepresented their need for an accessible cabin and has reserved or purchased such a cabin.					Note: I understand pets are not permitted onboard to sail. By signing below, I certify that my service dog has been individually trained to do work or perform a task for me.		
Signature		Date			All service dogs must have the required immunization and paperwork.		

Please email completed form to lovelikeyoumeanit@familylife.com or by fax: 1.501.224.2529 or mail to: Attn: Matt Eberle, FamilyLife Ministries, 5800 Ranch Drive, Little Rock, AR 72223.