Guest’s Name: ________________________________  Reservation ID: __________
Ship: ________________________________________  Departure Date: __________
E-mail: _______________________________________
Telephone: __________________

Please fill out the survey below and fax it to the Access Department at (954) 628-9622 at least 30 days prior to sailing (60 days if you are requesting sign language interpreting services). This survey also applies to Cruisetours so we can better accommodate your needs during your Cruisetour.

You can fill this form on-line at www.royalcaribbean.com/specialneedsform

### Disability (Optional)

Please indicate type of disability:

- Difficulty Walking
- Low Vision
- Hard of Hearing
- Wheelchair/Scooter User
- Blind
- Deaf
- Other (please specify) _______________________________________________________

### Mobility

**Assistance**

- Wheelchair assistance at the pier
- Cannot ascend/descend steps into a bus or motor coach

*Note: Accessible transportation (with either a lift or ramp) will be provided if you are a ChoiceAir or Cruisetour guest, or have purchased cruise only transfers.*

**Equipment**

- Bringing a manual wheelchair
- Bringing a power wheelchair
- Bringing a scooter – please specify brand _______________

**Equipment details**

- Folding or collapsible

*Dimensions*  
W: __  L:  H: ___

*Weight*  
LBS: ______

*Battery Type*

- Gel
- Dry
- Wet

**Stateroom Accommodations (on the ship)**

- Accessible stateroom with roll-in shower  
  
  *I request an accessible stateroom because I have a mobility disability or other disability that requires the use of the accessible features that are provided in the stateroom.* Signature: ________________________________

- Raised toilet seat
- Shower stool
- Commode chair
Guest Special Needs Form

Guest’s Name: ________________________________     Reservation ID: ______________

Hotel Room Accommodations (for pre/post-cruise hotel and Cruisetours)
☐ Accessible hotel room with a roll-in shower
☐ Accessible hotel room with tub

Note: Hotel room accommodations are based on availability

Visual / Blind
☐ Shipboard Large Print menus and daily activity planners

Hard of Hearing / Deaf
☐ Sign language interpreting services
☐ TTY (teletypewriter) in stateroom (and hotel room¹)
☐ Visual-tactile alert system in stateroom for door knocking, telephone ringing, smoke detector and alarm clock
☐ Assistive Listening Device in the main theater

Policies: Requests for sign language interpreting services should be made at time of booking, but no later than 60 days prior to sailing. Please note requests are subject to availability of interpreters. Sign language interpreting services are provided on cruises to and from the U.S. and Canada.

Service Animal
☐ Bringing a service animal
☐ Prefer sod if available

Policies: Guests are responsible for obtaining all required permits for service animal to depart the ship in non-U.S. ports. A copy of these permits should be faxed to the Access Department at (954) 628-9622 and a copy must be carried with you onboard the ship. A 4 foot by 4 foot relief area with cypress mulch will be provided. Sod for cruises to/from the U.S. can be provided if ordered in advance – please specify this on this form.

Medication
☐ Medical refrigerator in your stateroom
☐ Sharp’s Container for syringe disposal

¹ TTYs in hotel room are available within the U.S. only.
Guest Special Needs Form

Guest’s Name: ________________________________  Reservation ID: _____________

Oxygen

☐ Bringing oxygen onboard
☐ Oxygen delivered by an outside vendor
   Vendor Name ________________________________
   Vendor Phone Number _________________________
   Vendor Fax Number ___________________________

Sleep Apnea

☐ Bringing a CPAP or BIPAP machine (distilled water\(^2\) and extension cord will be provided)

Dialysis

☐ Require Peritoneal Dialysis. Supplies delivered by an outside vendor.
   Vendor Name ________________________________
   Vendor Phone Number _________________________
   Vendor Fax Number ___________________________

☐ Require Hemo Dialysis. Please contact our Access Department.

Other Disability Related Needs including Allergies (food and non-food related)\(^3\)

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Please contact our Access Department if you have any special meal requests or other disability related needs. Thank you and we look forward to welcoming you onboard!

ACCESS DEPARTMENT
(866) 592-7225
Monday – Friday 9 AM to 7 PM (Eastern Time)
Outside the U.S. (954) 628-9708
E-mail: special_needs@rccl.com
Fax: (954) 628-9622

IMPORTANT NOTE FOR CRUISETOURS GUESTS – Europe, Canada and all Exotic Cruisetours are not wheelchair accessible. Therefore, we will not be able to accommodate guests that are full-time wheelchair users. If guests, who utilize a wheelchair, can climb several steps to get into the motor coaches and can maneuver in a regular hotel room (as opposed to wheelchair accessible rooms), they may be accommodated. Parts of these Cruisetours may require extended periods of walking over uneven surfaces and/or steep terrain, as well as extended periods of standing and steps. If you have questions regarding Cruisetour accessibility in relation to your specific needs, please contact our Access Department.

\(^2\) Charges for distilled water may apply for Cruisetours outside the U.S.

\(^3\) We are unable to guarantee an allergy-free environment. However, we can make reasonable accommodation(s) for your allergies.