

☐ Commode chair

## **Guest Special Needs Form**

| Guest's Name:<br>Ship:<br>E-mail:          |                   |                    | Re:                    | servation ID:                               | <u> </u>   |
|--|-------------------|--------------------|------------------------|---|--|
|  |                   |                    |                        | parture Date:                               |  |
|  |                   |                    |                        | ephone:                                     |  |
|  | ig sign langua    | ge interpretin     |                        |   | days prior to sailing ( <b>60</b> days ruisetours so we can better |
|  | You can fill t    | his form on-l      | ine at <u>www.roya</u> | lcaribbean.com/specialneed                  | <u>Isform</u>  |
| Disability (Optional)                      | 1                 |                    |                        |   |  |
| Please indicate type                       | e of disability:  |                    |                        |   |  |
| ☐ Difficulty Walking                       | )                 | □ Low Vi           | sion                   | ☐ Hard of Hearing                           |  |
| ☐ Wheelchair/Scoo                          | oter User         | ☐ Blind            |                        | ☐ Deaf                                      |  |
| ☐ Other (please sp                         | ecify)            |                    |                        |   |  |
| Mobility                                   |                   |                    |                        |   |  |
| Assistance                                 |                   |                    |                        |   |  |
| ☐ Wheelchair assis                         | stance at the pi  | er                 |                        |   |  |
| ☐ Cannot ascend/o                          | descend steps i   | nto a bus or m     | notor coach            |   |  |
| Note: Accessible tra<br>purchased cruise o |                   | rith either a lift | or ramp) will be p     | orovided if you are a ChoiceAi              | r or Cruisetour guest, or have                                     |
| Equipment                                  |                   |                    |                        |   |  |
| ☐ Bringing a manu                          | al wheelchair     |                    |                        |   |  |
| ☐ Bringing a power                         | r wheelchair      |                    |                        |   |  |
| ☐ Bringing a scoote                        | er – please spe   | cify brand         |                        |   |  |
| Equipment details                          |                   |                    |                        |   |  |
| ☐ Folding or collap                        | sible             |                    |                        |   |  |
| Dimensions                                 | W: L              | : H:               | _                      |   |  |
| Weight                                     | LBS:              |                    |                        |   |  |
| Battery Type                               | ☐ Gel             | □ Dry              | ☐ Wet                  |   |  |
| Stateroom Accom                            | modations (or     | n the ship)        |                        |   |  |
| ☐ Accessible state                         | room with roll-ir | n shower           |                        |   |  |
|  |                   |                    |                        | disability or other disability tha<br>ture: |  |
| ☐ Raised toilet sea                        | t                 |                    |                        |   |  |
| ☐ Shower stool                             |                   |                    |                        |   |  |



## **Guest Special Needs Form**

| Guest's Name:                                  | Reservation ID:   |
|--|---|
| Hotel Room Accommodations (for pre/po          | st-cruise hotel and Cruisetours)  |
| ☐ Accessible hotel room with a roll-in showe   | ır  |
| ☐ Accessible hotel room with tub               |   |
| Note: Hotel room accommodations are base       | d on availability   |
| Visual / Blind                                 |   |
| ☐ Shipboard Large Print menus and daily ac     | ctivity planners  |
| Hard of Hearing / Deaf                         |   |
| ☐ Sign language interpreting services          |   |
| ☐ TTY (teletypewriter) in stateroom (and hot   | el room <sup>1</sup> )  |
| ☐ Visual-tactile alert system in stateroom for | door knocking, telephone ringing, smoke detector and alarm clock  |
| ☐ Assistive Listening Device in the main the   | ater  |
|  | reting services should be made at time of booking, but no later than 60 days prior to availability of interpreters. Sign language interpreting services are provided on   |
| Service Animal                                 |   |
| ☐ Bringing a service animal                    |   |
| ☐ Prefer sod if available                      |   |
| copy of these permits should be faxed to tl    | ing all required permits for service animal to depart the ship in non-U.S. ports. A he Access Department at (954) 628-9622 and a copy must be carried with you rea with cypress mulch will be provided. Sod for cruises to/from the U.S. can be cify this on this form. |
| Medication                                     |   |
| ☐ Medical refrigerator in your stateroom       |   |
| ☐ Sharp's Container for syringe disposal       |   |
|  |   |

 $<sup>^{\</sup>rm 1}$  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 water² and e    | xtension cord will be provided)                                |
| Dialysis  |  |
| ☐ Require Peritoneal Dialysis. Supplies delivered by an outsi | de vendor.   |
| Vendor Name   |  |
| Vendor Phone Number   |  |
| Vendor Fax Number   |  |
| ☐ Require Hemo Dialysis. Please contact our Access Depar      | tment.   |
| Other Disability Related Needs including Allergies (food an   | d non-food related) <sup>3</sup>                               |
|   |  |
|   |  |
|   |  |
| Please contact our Assess Department if you have any appoint  | moal requests or other disability related peeds. Thank you and |

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.

<sup>&</sup>lt;sup>2</sup> Charges for distilled water may apply for Cruisetours outside the U.S.

<sup>&</sup>lt;sup>3</sup> We are unable to guarantee an allergy-free environment. However, we can make reasonable accommodation(s) for your allergies.