



### MEDICAL FORM

We at Royal Caribbean International and Celebrity Cruises want all of our passengers to enjoy a trouble free holiday. However, to ensure the smooth operation we need the following questions answered by those passengers who have a medical condition or disability.

BK REF: \_\_\_\_\_ SHIP/SAIL DATE: \_\_\_\_\_ NAME: \_\_\_\_\_

MEDICAL CONDITION: \_\_\_\_\_

Please complete the information below and return **within 45 days prior to the sail date** to: RCCL Admin, Building 2, Aviator Park, Station Road, Addlestone KT15 2PG or fax to 01932 820 603.

Do you require wheelchair assistance at the PORT?  YES  NO

Do you require wheelchair assistance at the AIRPORT?  YES  NO

Can you climb steps unaided?  YES  NO

If you are confined to a wheelchair, please provide your approx body weight: \_\_\_\_\_

If you are taking a wheelchair please provide the following information:

**What type?** \_\_\_\_\_ **Dimensions: Width:** \_\_\_\_\_ **Height:** \_\_\_\_\_ **Length:** \_\_\_\_\_  
**(collapsible, fixed or scooter) Weight:** \_\_\_\_\_ **Battery type (wet or dry cell)** \_\_\_\_\_

**Please Note: Any wheelchair/scooter must be stored in your stateroom.**

Are you bringing any type of medical equipment on board?  YES  NO

**If yes, what type?** \_\_\_\_\_

**Do you require transfers with a Handivan? (fly/cruise only)**  YES  NO

Do you have any supplies being delivered to the ship?  YES  NO

If yes, please provide the name of the Delivery Company, contact and fax number;

\_\_\_\_\_

Are you an insulin diabetic? Do you need a fridge/sharps bin?  YES  NO

Do you have any other medical needs or food allergies?

\_\_\_\_\_

\_\_\_\_\_

*The above information will be passed onto the supplier and also our office in Miami in order that the vessel is fully appraised of the passengers needs. However, we must emphasise that these special needs cannot be guaranteed. Please also ensure that your holiday insurance adequately covers any pre-existing medical condition. Also, we may require a letter from your doctor or physician to support this application.*

*I have read and agree to all of the information on this form and understand that there can be no guarantee that all these special needs can be met.*

\_\_\_\_\_  
Guest Signature

\_\_\_\_\_  
Date