



FREESTYLE CRUISING®

## GUEST'S MEDICAL/SPECIAL REQUESTS PROFILE

Please complete this form so we can make your NCL cruise as enjoyable as possible. Please then send your completed form to London Passenger Courtesy either: by fax: 020 8834 9140 or post: NCL (Bahamas) Ltd, Horatio House, 77-85 Fulham Palace Road, Hammersmith, London, W6 8JA

If you have questions please do not hesitate to contact Guest Services on 0845 201 8907

NCL Booking Number: .....	Name of Guest: .....
Date: .....	Telephone Number: .....
<b>CRUISE DETAILS</b>	
Departure Date: .....	Name of Ship: .....

### SPECIAL REQUIREMENTS

1. Do you have any of the following physical disabilities (please select the one(s) that apply to you):

MOBILITY  VISION  HEARING  SPEECH

Do you require assistance? Yes  No

Do you have mobility difficulties? Yes  No

If YES please specify .....

2. What is the medical term for your disability or medical condition? .....

We allow guests that use self-administered dialysis ONLY. These Guests are responsible for bringing their own equipment, solutions and anything else they may need in order to complete this procedure on board

3. Are you able to lift your luggage and carry your luggage when necessary? Yes  No

If you answered No to question 3, please confirm that companion can assist you where necessary. Yes  No

### STATEROOM FACILITIES

4. Please advise if you require any of the following:

Shower Stool Yes  No  Toilet Seat Riser Yes  No  Bed Extension Yes  No

### MEDICATION

5. Please answer YES or NO to the following questions as appropriate:

Will you be travelling with medication? Yes  No

If diabetic would you like us to request a diabetic meal for your flight? Yes  No

Does the ship staff need to be aware of your condition? Yes  No

Do you have a Doctor's note (we recommend you do)? Yes  No

Do you need a fridge to store your medication in? Yes  No

Are you taking any medical equipment/needles/injections device? Yes  No

If YES please specify .....

### OXYGEN

Guests who need oxygen or require oxygen therapy are welcome on all NCL ships; they must supply their own oxygen and note that liquid oxygen is NOT permitted on board

6. Do you require oxygen? Yes  No

Oxygen (specify type, amount, tank size): .....

Oxygen Concentrator (specify): .....



- To ensure the safety of our Guests and crew, wheelchairs may not be used to transfer from the ship to a tender. Guests in wheelchairs may not be able to participate in certain activities or programmes on board the ship or on shores at ports of call including certain shore excursions.
- NCL maintains a limited number of wheelchairs on our private island, Great Stirrup Cay. These are specially designed for use on sand and are available on a first-come, first-served basis.

**GUIDE DOGS**

**11. Will you be accompanied by a Guide Dog?** Yes  No

If you intend to bring a Guide Dog on board the vessel, we wish to advise you that it is your responsibility to obtain the following:

- All customs and other governmental approvals to disembark your dog in the various ports of call, including a Pet Passport
- All necessary vaccinations for the return of your dog into the UK and US. (For information on micro chips, blood tests etc please refer to [www.defra.gov.uk](http://www.defra.gov.uk))
- Your dog’s food and medications (if any)
- You must advise if you require us to build a sand box or if your dog requires newspapers to relieve himself/herself (you are responsible for keeping this area clean).

**INSURANCE**

All NCL guests require travel insurance. If you would like to get a quote, please contact the travel insurance booking line operated by Preferential on 0871 222 6469 or visit [www.ncl.co.uk/insurance](http://www.ncl.co.uk/insurance) to get cover.

**OTHER COMMENTS:**

.....  
 .....

**Should your travel needs change in any way, from the time of booking, it is your responsibility to advise us as soon as possible.**

I have read and agreed to all the information on this form and understood that there is no guarantee that these special requests can be met. I further understand that this information may be placed on a computer system but that it will not be communicated to any party that is not responsible for my travel arrangements. I agree to the information about myself being passed on to all necessary suppliers and understand that some airline medical screening services may need to contact me directly.

Signed ..... Date .....

Telephone (daytime) .....

(I am over 18 years of age Yes  No )