



Accessibility & Medical questionnaire

Please read the attached fact sheet prior to completing this questionnaire for guidance on completing this form correctly.

Once completed, please return to disability@carnivalukgroup.com or via post at **Guest Services, Carnival House, 100 Harbour Parade, Southampton SO15 1ST** Please ensure this form is only completed for one person at a time and is filled out in BLOCK CAPITAL letters or typed.

Full name:	P&O Cruises booking ref:	Cruise number:
Ship name:	Departure date:	Cabin number:

Important information

The personal information provided will be used to process your booking and to ensure that your travel arrangements run smoothly and meet your requirements. We may need to pass the information provided in this form to other relevant suppliers of your travel arrangements such as travel agents, hotels and transport companies. By returning this form you consent to us passing on the information contained for such purposes.

You are also confirming that the information provided below is true and accurate, you have read the enclosed fact sheet and agree to the below terms of travel:

■ If you require assistance with daily living such as eating/ washing/ toileting you must travel with a companion who can provide this level of care. Crew are unable

to provide assistance with personal care including day-to-day tasks and movement around the ship.

■ Failure to disclose a medical condition, which means that we are unable to carry you safely, may result in you being refused boarding or asked to disembark the ship and flight.

■ We reserve the right to request a guest to produce medical evidence of fitness for travel. For further details, please refer to our current booking conditions available in our brochure or on our website.

IMPORTANT- Should your state of health change following the submission of this form, please contact us immediately.

Accessibility

Joining the ship

Do you require wheelchair assistance at embarkation/ disembarkation? (Please refer to page 1 of the fact sheet)

☐ Yes ☐ No

Joining your flight:

Please ensure that your questionnaire is returned no later than 14 days before your flight departure.

Will you require mobility assistance at the airport? (Please refer to page 5 of the fact sheet) Please select one of the below options.

Mobility assistance is only provided from airline check in and boarding of the flight may be via the aircraft steps.

☐ Yes, I require airport assistance from check in to the aircraft gate

☐ Yes, I require airport assistance from check in to and from the top of the aircraft steps

☐ Yes, I am fully confined and require airport assistance from check in to and from my seat on board the aircraft

☐ No, I do not require airport assistance

Boarding a coach

Please note: Coaches may be used during your cruise for airport transfers, port transfers and shore excursions.
(Please refer to page 4 and 5 of the fact sheet)

Are you able to climb coach steps independently?

☐ Yes ☐ No

Boarding a tender

 (Please refer to page 4 of the fact sheet)

Are you able to use steps both up and down (up to 20cm high) and step over a gap of up to 45cm independently and without assistance?

☐ Yes ☐ No

Emergency assistance

 (please refer to page 7 of the fact sheet)

In the unlikely event of an emergency on board will you require assistance from our staff to go to your assembly point?

☐ Yes ☐ No

If yes please indicate which applies:

☐ Someone to guide and steady me on the stairs

☐ I am a full time wheelchair/scooter user and/or cannot use stairs

☐ I weigh less than 100kg ☐ I weigh more than 100kg

Mobility aids

Please highlight if you require any of the following aids to mobility:

Please note: All items are subject to availability. We will contact you if any items are not available. (Please refer to page 2 of the fact sheet)

No other mobility aids besides those listed below can be provided.

All accessible cabins have a pull down or fixed chair in the wet room. If you do not have a preference to a shower stool or shower chair please tick both options

☐ Raised toilet seat ☐ Shower stool ☐ Shower chair

☐ Bath bench ☐ Bath seat

Please highlight if you will be bringing any of the following mobility equipment with you:

IMPORTANT INFORMATION: If you are planning to bring a scooter on board, you must be booked into an accessible cabin, selected Suite or Mini-suite. If you are travelling with an electric mobility aid on one of our flights, you must contact the airline directly as soon as possible and no later than 14 days before departure to confirm carriage.

If you have selected 'Other' please refer to the Other mobility equipment section within the fact sheet.

☐ Manual wheelchair ☐ Walking stick/frame/rollator

☐ Electric wheelchair ☐ Other (bed, hoist etc) please note below:

☐ Mobility scooter

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Mobility aids continued

If you are bringing a wheelchair or a mobility scooter, please provide us with the below information:

Make and model:

Type of battery this uses:

☐ Dry cell battery ☐ Gell cell battery ☐ Lithium battery

Can the battery be removed? ☐ Yes ☐ No

Please detail the open dimensions, height and weight of your wheelchair/scooter:

Open width: cms Closed width: cms

Open length: cms Closed length: cms

Height: cms Weight: kgs

Will you require your mobility scooter/wheelchair to move around the cabin?

☐ Yes ☐ No

Please note: If you select YES and the cabin you have chosen is not an accessible cabin or selected Suite or Mini-suite, there may be insufficient room to manoeuvre your mobility aid. Therefore, we will contact you by phone to discuss other cabin options.

If you are a part time wheelchair user, would you accept an accessible cabin if one became available?

An accessible cabin will not be guaranteed and you will not be able to move back to your previous choice of cabin if you select YES. If you are assigned an accessible cabin you will be notified by email up to departure. The cabin will be the same or possibly a higher grade.

☐ Yes ☐ No

Hearing and visual impairments

(Please refer to page 6 of the fact sheet)

Please tick if any of the following apply to you:

☐ Deaf ☐ Hard of hearing ☐ Blind ☐ Visually impaired

Do you require a visual alert system to be installed in your cabin?

Please note: This is a system to assist people who are deaf/hard of hearing with flashing alerts for door/phone. The equipment is subject to availability. It will also reduce surface space within your cabin.

☐ Yes ☐ No

Do you require written emergency information in your cabin?

☐ Yes ☐ No

Do you require large print menus on board?

☐ Yes ☐ No

Will you be travelling with an assistance animal?

Please note: If you have selected YES, we will contact you by email to request further information.

☐ Yes ☐ No

Medical

Please refer to page 5 of the fact sheet

Sharps

Will you require a sharps container in your cabin for needles or blood testing lancets?

☐ Yes ☐ No

Will you be bringing any of the following oxygen items on board?

All guests bringing oxygen on board the flight must contact the airline directly as soon as possible and no later than 14 days before departure to confirm carriage.

☐ Concentrators ☐ Gaseous oxygen ☐ Liquid oxygen

Will you be bringing any of the following medical equipment?

Please note: All guests taking electrical medical equipment on board will be required to take their own extension lead with them. All guests bringing electrical equipment on board the flight must contact the airline directly as soon as possible and no later than 14 days before departure to confirm carriage.

On board the ship

☐ CPAP/BiPAP

☐ Nebuliser

☐ Feeding pump

On your flight

☐ CPAP/BiPAP

☐ Nebuliser

☐ Feeding pump

To use on your flight

☐ CPAP/BiPAP

☐ Nebuliser

☐ Feeding pump

Are you a peritoneal dialysis patient? ☐ Yes ☐ No

Please note: We do not provide dialysis equipment on board and are unable to accommodate guests who require haemodialysis.

Are you pregnant? ☐ Yes ☐ No

Please note: You will need to provide a letter to confirm the expected due date (EDD) and your fitness to travel.

Do you have any pre-existing medical conditions?

☐ Yes ☐ No

If YES, please provide full details below, even if your condition is controlled with medication, including when your condition was diagnosed:

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Have you been hospitalised in the past 6 months for any reason

☐ Yes ☐ No

If YES, please provide full details below:

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Do you suffer from a life-threatening allergy to medication (such as penicillin)? ☐ Yes ☐ No

If YES, please provide full details below:

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