Costa Crociere S.p.A.	Corporate Management System	Rev. 3	
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		GENERAL INFORMATION AND PER	SONAL DATA - I	Form A1
	To be	completed in CAPITAL LETTERS other	wise the request	might be refused
Gue	est Name	Age	Nationality	
Вос	oking nr	cabin nrShip	Departure da	te
		PLEASE READ CAREFO	ULLY:	
While v or your travellir	ve do our best to pro needs are in contra ng. The following i	empt to accommodate the needs of all passovide assistance and service, in certain situal ast with the security rules on board, Costan information is necessary so that we are fuller, this must be collected at the time of the respective of the respective process.	tions, when your h Cruise Lines reservally aware of any s	ealth and wellbeing is jeopardized ves the rights to restrict you from
Have yo	ou purchased air tra	nsportation through Costa Cruises?	YES 🗆	NO 🗆
Have yo	ou purchased a pre	or post cruise package through Costa Cruise	es? YES 🗆	NO 🗆
If yes to	o either question ab	ove: accommodation will be made to the sp	ecific situation.	
		IMPORTANT NOTE	ES:	
>	Please kindly note	that our Medical Dept. if necessary, may re	equest medical doc	cumentation or specific medical
	authorization to d	o the cruise.		
>	We recommend y	ou to carry a copy of your medical records	(e.g., EKG, medica	tion list, allergies, etc.) to assist u
	should medical ca	re be required during the trip.		
>	Please remember	to bring in your hand luggage all your neces	ssary medications, i	in sufficient quantity for the entir
	<u>cruise.</u>			
>	If your routine me	edications include injectable medicines, ple	ease ask the cabin	steward for an appropriate sharp
	container for the c	disposal of your syringes or needles.		
		<u>IMPORTANT</u>		
condition to permand ser The pr	on, which may requ nit sufficient time fo nt to the Medical Se resent forms must	ur ships are limited. If you are currently ire treatment on board, please provide Cost review and processing. The above informatices Department for approval. The proces be filled in and sent to the Costa Of NG OF PERSONAL AND SENSITIVE DATA	a Cruise as much cation must be collected will be done in a fices only togeth	detailed information in advance cted by the booking department confidential way. her with the INFORMATION
 Passeng	ger Signature		[Date

¹ Please read the Booking Conditions in our Brochure

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GUESTS WHO NEED WHEELCHAIR - Form A5

To be completed in CAPITAL LETTERS otherwise the request might be refused

The vessels have a limited number of cabins for disabled passengers. Some areas and facilities on board are not accessible by the disabled and/or are unable to accommodate disabled passengers. Bookings from disabled passengers will be accepted within the limits of such availability and, if necessary, may require that such passengers be accompanied by persons capable of providing them the assistance they require.

The Organiser will take no responsibility for setting up alternative schedules on board the vessel or ashore for disable passengers and will not be held responsible for any impediment or difficulties encountered by them using the services and activities included in the tourist package.²

For transfers and shore excursions organized by Costa Cruise, guest will need to specify if he/she is able to step up the bus by himself or with the assistance of a person that travels with him/her. In case the guest needs a personalized transfer or shore excursion, the service will have an extra cost.

For Shore Excursions during the cruise, guest will need to specify any special requirements needed since not all Costa Tours can be performed by guests with limited mobility. Furthermore, it's important to check when the itinerary includes ports that require tenders, because it can be dangerous to go shore side.

In case of special needs, please forward a request to your Travel Agency and Costa Booking Office in order to check the feasibility of the requests and the related costs.

For more information please visit: www.costacrociere.it/esigenzespeciali.

•		wheelchair do you ne e the dimensions of t	eed to bring with you? he wheelchair:	Collapsible 🗌 Se	cooter*	☐ Elect	ric 🗌	
-	when open:	Width	Length	Height				
-	when closed:	Width	Length	Height				
Please indicate the weight of the wheelchair:								
•	What type of	battery is used?	How many	are needed?				
•	Are you able to step up onto a motor coach by yourself?				Yes		No	
(If r	not the request	of a special transfer r	equires an extra charge)					
*Accessibility of Scooters/Electric Chairs may vary by ship. <u>Gel-type and lithium batteries are requested for electric powered scooters.</u> <u>Acid batteries are not allowed. Batteries/wheelchairs must have a recognized approval CE mark. Any other than CE marking's will first be checked with the Deck & Safety Superintendent to evaluate the safety standards. Please note that it's not permitted to embark scooters that use inflammable fuels.</u>								
PASSENGER'S STATEMENT: I state that I have checked the technical specifications of my electrical device and it can function regularly with current 220V and frequency 60 Hz as per ship's electrical system.								
Sig	nature of the pa	assenger for acceptan	ce of the above mentioned	d conditions				

² Please read the Booking Conditions in our Brochure