

Costa Crociere S.p.A.	Corporate Management System	Rev. 3	
Code P2.7.3 Man.01 MO 01	P 2 CRUISE MANAGEMENT SPECIAL NEED INFORMATION FORM	Date 30/06/21	Pag.4/14

GENERAL INFORMATION AND PERSONAL DATA - Form A1

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

Guest Name _____ Age _____ Nationality _____

Booking nr. _____ cabin nr. _____ Ship _____ Departure date _____

PLEASE READ CAREFULLY:

Costa Cruise Lines will attempt to accommodate the needs of all passengers so they may enjoy our vessels to the fullest. While we do our best to provide assistance and service, in certain situations, when your health and wellbeing is jeopardized, or your needs are in contrast with the security rules on board, Costa Cruise Lines reserves the rights to restrict you from travelling. The following information is necessary so that we are fully aware of any special medical, physical or other requirements you may have, this must be collected at the time of the reservation. ¹

Have you purchased air transportation through Costa Cruises? YES NO

Have you purchased a pre or post cruise package through Costa Cruises? YES NO

If yes to either question above: accommodation will be made to the specific situation.

IMPORTANT NOTES:

- Please kindly note that our Medical Dept. if necessary, may request medical documentation or specific medical authorization to do the cruise.
- We recommend you to carry a copy of your medical records (e.g., EKG, medication list, allergies, etc.) to assist us should medical care be required during the trip.
- Please remember to bring in your hand luggage all your necessary medications, in sufficient quantity for the entire cruise.
- If your routine medications include injectable medicines, please ask the cabin steward for an appropriate sharps container for the disposal of your syringes or needles.

IMPORTANT

The medical facilities on our ships are limited. If you are currently undergoing medical treatment or have a medical condition, which may require treatment on board, please provide Costa Cruise as much detailed information in advance to permit sufficient time for review and processing. The above information must be collected by the booking department and sent to the Medical Services Department for approval. The process will be done in a confidential way.

The present forms must be filled in and sent to the Costa Offices only together with the INFORMATION CONCERNING PROCESSING OF PERSONAL AND SENSITIVE DATA filled in entirely and signed by the guest.

Passenger Signature

Date

¹ Please read the Booking Conditions in our Brochure

