



Mobility Questionnaire

Carnival Cruise Line is committed to offering a quality cruise experience to all guests. To better accommodate your needs, please complete the following information. If you have any questions, please contact our Guest Access team at access@carnival.com.

Booking Information

Name:	Booking #:	Ship and Sail Date:	Stateroom:
Telephone:	Email Address:		

I will bring a Wheelchair/Scooter: Yes: No:

Type: Fold up: Electric: Scooter:

Wheelchair/Scooter Dimensions: Weight: ____lbs.Width: ____in. Length: ____in. Height: ____in

I will use my Wheelchair/Scooter: At all times: Occasionally: Distance only:

Mobility Limitations: No mobility: Limited: I am ambulatory (able to walk):

I am renting a Wheelchair/Scooter from: Scootaround: Provide Dimensions above

Will you require wheelchair ground transportation service (hydraulic lift) from the airport to the terminal? Special Transportation Service is only available for guests who have purchased ground transportation from Carnival Cruise Line:

Yes: No: . If you answered yes, please list combined weight of passenger and device: ____lbs.

Accommodations

Standard staterooms and Ambulatory Accessible Cabins have doorways that are 22" wide.

The stateroom I reserved is a:

- Standard cabin
- FAC* (fully accessible)
- FAC-SSA* (fully accessible-single side approach)
- AAC*(ambulatory accessible cabin)

*ATTESTATION: I attest that I, or another person traveling in the same stateroom, have a recognized disability that alters a major life function and requires the features provided in the accessible stateroom that I have booked. Carnival Cruise Line reserves the right to take appropriate action against someone who has misrepresented their need for an accessible stateroom and has reserved or purchased such a stateroom. Action may include but is not limited to reassignment from the stateroom to a non-accessible accommodation, which may include a downgrade in accommodations, or denial of boarding. If traveling with a scooter, I confirm it is the appropriate size for my stateroom and acknowledge the requirements of the scooter policy.

Should the features in the stateroom you selected not accommodate your needs, please contact our Guest Access team as soon as possible.

Signature: _____ Date: _____

Please email completed form to access@carnival.com. You may also send by fax: 1.800.532.9225, or mail to: Carnival Cruise Line, Guest Access Support Desk 3655 NW 87th Ave. Doral, FL. 33178 Mail Stop MSM2-400.

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