



Dear Guest,

Thank you for choosing to cruise with Norwegian Cruise Line. We hope you are as excited about cruising with us, as we are to have you on board.

Norwegian Cruise Line is committed to providing a delightful cruise experience for all of our guests, including those with disabilities and special requirements.

Please refer to our website for information relating to amenities that Norwegian Cruise Line provides. In order to process your requests for accommodation, we ask that you complete and return the attached form within the next five (5) days and so that we can begin to process your information. If we do not receive your completed form, we may not be able to provide you with the assistance that you need. If your sailing date is within the next thirty (30) days, we ask you to have this form returned to us within 24 hours for processing. It will provide us with important information so that we can try to make arrangements for all of your special requirements. Advance notice is needed and this form will assist us to try to fulfill them. Please email the completed form to the Access Desk ([accessdesk@ncl.com](mailto:accessdesk@ncl.com)) or fax it to 305.468.2171 and Vacations To Go at 832-252-2266.

Again, we're looking forward to welcoming you on board.

Sincerely,

Norwegian Cruise Line Access Desk



## GUEST SPECIAL REQUEST INFORMATION

Please complete this form so we can make your Norwegian cruise as enjoyable as possible. Please send your completed form by email to: [accessdesk@ncl.com](mailto:accessdesk@ncl.com) or by fax to: 305.468.2171 and Vacations To Go: 832-252-2266

If you have questions please do not hesitate to contact The Access Desk at 866.584.9756

Norwegian Reservation Number:.....Name of Guest:.....  
 Date:.....Telephone Number:.....  
**Cruise Details**  
 Departure Date:.....Name of Ship:.....

**Special Requirements:**

**Do you have any of the following impairments? (Please select the one(s) that apply to you):**

**1. ALLERGIES**

Please specify?.....

**SPECIAL DIET**

**Do you have severe food allergies or a special dietary request?**

Please specify?.....

- We can accommodate the following diets: gluten-free, low cholesterol, kosher, vegetarian, sugar and salt free. For any other special diets, please email or fax your detailed requests and or needs to The Access Desk ([accessdesk@ncl.com](mailto:accessdesk@ncl.com)) or (fax to 305.468.2171). We will review your request and try our best to accommodate your needs.
- Guests requiring a gluten free diet please be advised the deadline to place your request is 60 DAYS prior to travel.
- **Please meet with the Restaurant Manager or Executive Chef once on board to further discuss your dietary needs.**

**2. BREATHING**

ASTHMA                       COPD                       EMPHYSEMA                       SLEEP APNEA

**Will you be bringing the following?**

Nebulizer                      Yes     No

Bi-Pap / C-Pap Machine    Yes     No  (specify) :

.....  
 Oxygen Concentrator                      Yes     No  (specify) :

.....  
 Compressed Oxygen                      Yes     No  (specify type, amount, tank size) :

.....  
 Guests who need oxygen or require oxygen therapy are welcome on all NCL ships; however they must supply their own oxygen. Tanks can be no larger than size D (425 liters).

NOTE that liquid oxygen is NOT permitted on board for safety reasons.

Please be advised that if you need distilled water for your machine, you must bring this with you as NCL does not carry or sell it onboard. It is also recommended that you bring an extension cord, approximately 4 ft.

**3. DIABETIC**

Do you require insulin?    Yes     No                       Syringes?    Yes     No                       A Refrigerator?    Yes     No

You may obtain a Sharps container on board (from the Guest Service Coordinator, Room Steward or the Medical Center). We recommend guests bringing needles/syringes onboard to hand carry a doctor's note to the pier at embarkation.

#### 4. STATEROOM FACILITIES

Please advise if you require any of the following:

- Shower Stool Yes  No   
Toilet Seat Riser Yes  No   
Bed Extension (to lengthen the foot of the bed) Yes  No

#### 5. MOBILITY

Do you have mobility difficulties? Yes  No   
If YES please specify.....  
.....  
.....

#### MOBILITY AIDS

Will you be bringing the following?

Scooter: Yes  No  If yes, please specify type and size:.....  
Wheelchair: Yes  No  If yes, please specify type and size:.....

If you answered YES to the above, is your wheelchair collapsible? Yes  No   
Specify type of wheelchair: Manual  Battery Operated   
Wheelchair battery: Dry  Gel packed   
Walker: Yes  No  If yes, please specify type and size:.....  
Walking stick/Cane: Yes  No

#### Dimensions of the wheelchair or scooter (width/length/height/weight including batteries):

Open width:.....cms/ins Height:.....cms/ins Depth:.....cms/ins  
Closed width:.....cms/ins Height:.....cms/ins Depth:.....cms/ins  
Weight:.....kgs/lbs

#### WHEELCHAIR USERS

Are you completely confined? Yes  No   
If you answer YES to the above question, do you require wheelchair accessible transportation with a lift for embarkation and debarkation to/from the airport/pier? (transfers MUST already be included on the reservation) Yes  No   
Are you able to take care of your own needs onboard unassisted (including consuming meals/visit to the restroom)? Yes  No   
Are you able to walk with assistance? Yes  No   
Are you able to walk up and down steps? Yes  No   
Are you able to board a standard coach with or without assistance? Yes  No   
Do you require wheelchair assistance at embarkation & debarkation? Yes  No   
Are you able to stand for periods of time of 5 minutes or more? Yes  No

As there are many degrees of wheelchair assistance and we would like to pass on your request as accurately as possible, please indicate if any of the following describes your request.

- Please specify whether you will be using your own wheelchair or if you wish to use Norwegian's wheelchair for embarkation and debarkation ONLY. Please keep in mind that if you need to use a wheelchair on board the ship or at the ports of call you must bring your own collapsible wheelchair.
- Guests must provide their own wheelchair. Mobility chairs must be powered by gel-cell batteries and collapsible. Norwegian Cruise Line will not accept any wet-cell or acid battery-powered wheelchairs on board the ships. The wheelchair battery re-charger must be adaptable to 110 voltage.
- **All Wheelchairs and scooters must be stored in your cabin; they cannot be left in the hallway or any other public area.**
- 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 programs on board the ship or on shore at ports of call including certain shore excursions.

- Please note that scooters and wheelchairs which weigh more than 100 lbs. are not allowed to be transferred from the ship to tender and/or from tender to shore.
- Norwegian Cruise Line 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. Once on board go to the Front Desk for arrangements.

## 6. VISION

Blind  White Cane  Service Dog (see page 3)  Sight Impaired (poor vision)

## 7. HEARING

Deaf  Hearing Impaired (poor/low hearing)  Hearing Aids

Hearing Impaired Kits (includes smoke detectors, door knock alerts, wake-up system & telephone alert).

Yes  No

Pager Service (the pager will transmit messages/announcements that come over the PA system).

Yes  No

## 8. DIALYSIS Yes No

SELF-PERITONEAL DIALYSIS  SELF-HEMO DIALYSIS  HEMO DIALYSIS

NOTE: Guests that require dialysis are welcome on board and should be aware of the following: (1) guests that perform self-administered dialysis are responsible for bringing their own equipment, solutions and anything else they may need in order to complete this procedure onboard. We ask that you meet with the Environmental Officer onboard in the event that you require assistance disposing of the used solution (2) guests that require Hemo-dialysis treatments should know that our ships are not equipped to handle these needs. We do not make any arrangements for dialysis treatments to be performed while the ship is in each port. And there may be unforeseen circumstances that may prevent the ship from arriving into the scheduled ports (weather, mechanical failure, medical emergency).

## 9. MEDICATION

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

Will you be travelling with medication? Yes  No

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

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

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

If YES, please specify.....

## 10. PREGNANCY

**Are you pregnant?** Yes  No

- Please provide a fit to travel letter from your doctor specifying your due date, expected delivery date, number of weeks into the pregnancy and whether you are fit to travel or not.
- Please be advised that we do not have neo-natal care on board our ships.
- You cannot sail if you have entered your 24<sup>th</sup> week gestation before or during sailing.

## 11. SERVICE DOGS

**Will you be accompanied by a service dog?** Yes  No

What service/task does your dog provide?.....

If you intend to bring a Service 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 service animal in the various ports of call, including a USDA certificate from the veterinarian.
- All necessary vaccinations for the return of your service dog into the US and UK.
- Your service animal's food and medications (if any).
- You must advise if you require us to build a sand box or if your service dog requires newspapers to relieve himself/herself.

**Please inform us of physical, mental or emotional impairments or medical conditions for which you may need any assistance**.....  
.....  
.....  
.....

**OTHER COMMENTS:**

.....  
.....  
.....

**Should your travel needs change in any way after 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

Please return all three page of the form (even if all pages do not apply).