

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

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.5/14

INFORMATION ABOUT MEDICAL CONDITIONS - Form A2
To be completed in CAPITAL LETTERS otherwise the request might be refused

Guest Name _____ Booking nr. _____ Ship _____ Departure date _____

Dear guest,
it is important for your own safety and wellbeing during the cruise that we are aware of any medical condition or illness you have. We kindly ask you to provide us with as much information as possible. Please use additional sheets if necessary.

1) Do you have any illness or medical condition? YES NO
If yes, please list them below and provide us with the A3 form completed by your doctor.

2) Do you take any medications? YES NO
If Yes, please list them below

Does any of your medications need to be refrigerated? YES NO
If yes, please note that not all cabins are fitted with a mini-bar ge. Please let the booking office know and we will check whether an alternative fridge or solution is available onboard
It is important that you bring all your medications and their prescriptions onboard with you, in quantity sufficient to last for the entire cruise. We recommend that you carry the medications in your hand luggage when travelling to and from the ship.

3) Do you have any disability? YES NO
If Yes, please specify below

4) Do you require any assistance for your daily activities (i.e. dressing, washing, eating, walking, handling money etc.)? YES NO
If Yes, please specify below the name of the travel companion who will provide assistance to you during the cruise.

5) Will you bring liquid oxygen onboard? YES NO
If Yes, how many times do you need to refill the liquid oxygen cylinder?

6) If you are undergoing CAPD (Peritoneal Dialysis), are you able to execute the procedure by yourself? YES NO
If NO, please specify the name of the travel companion who will provide assistance to you during the cruise:

Date: Signature of the passenger (or legal guardian):

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.6/14

DOCTOR'S DECLARATION - Form A3
To be completed by your family doctor or specialist in **CAPITAL LETTERS** otherwise the request might be refused

Guest Name _____ Booking nr. _____ Ship _____ Departure date _____

*Dear doctor,
the following information will be used by our Medical Department to assess the fitness to sail of the passenger.
Please add a detailed medical report if necessary.*

KINDLY WRITE IN CAPITAL LETTERS AND, IF POSSIBLE, IN ENGLISH. If you prefer, you can provide the information via a different document, as long as all the points below are covered. Thank you very much for your time.

1) Passenger's medical condition and possible complications:

2) Relevant medications:

3) If the passenger suffers from a psychiatric condition, please answer the following questions:

- a) Does the patient have any known suicidal tendency? YES NO
- b) Is the patient at risk of aggressive or violent behavior? YES NO
- c) Does the patient suffer from anxiety or panic attacks which might be triggered or made worse by crowds or enclosed spaces? YES NO

I certify that at present in my professional opinion the above-mentioned passenger has no contraindication to the planned cruise.

Doctor's name and title:
Date:
Signature and stamp:
Address:
Telephone number:
Email address:.....

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.14/14

GUESTS NEEDING TO EMBARK AN ELECTRICAL MEDICAL DEVICE ON BOARD – Form A12

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

IMPORTANT: on board all Costa Vessels the power outlets in the cabins have an alternating current of 220-110 Volts/60 Hz, therefore the electrical device can function correctly with this current and frequency. Any heating device or with high absorption (max 1000 Watt) is not allowed in the cabin.

Electrical devices must have a recognized approval CE mark in order to be used on board.

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.

Please report the medical reason for which you need to bring the respiratory device on board:

IMPORTANT:

If the guest uses a Company for delivering the respiratory device to the ship, Costa Booking Office must receive the following information to arrange the embarkation and/ or debarkation of the material on board:

1. A Pro-forma invoice and a packing list of the material that will be delivered to the ship
2. The type of vehicle that will make the delivery to the port and its plate number, as well as the Identity card of the Driver.

A label must be placed on all boxes that will be embarked detailing:

- Name of the Ship and date of departure of the cruise
- Name, surname and cabin number of the passenger

Guests will be advised about all expenses for embarking /disembarking the material or/and custom formalities.

Guest signature for acceptance of the above mentioned conditions _____