





# Accessibility & Medical questionnaire

## Mobility aids continued

If you are bringing a wheelchair or a mobility scooter, please provide us with the below information:

Please refer to page 2 and 3 of the fact sheet

Make and model: .....

### Type of battery this uses:

Dry cell battery  Gell cell battery  Lithium battery

Can the battery be removed?  Yes  No

Please detail the open dimensions, height and weight of your wheelchair/scooter:

Open width: ..... cms      Closed width: ..... cms

Open length: ..... cms      Closed length: ..... cms

Height: ..... cms      Weight: ..... kgs

Will you require your mobility scooter/wheelchair to move around the cabin?

Yes  No

**Please note:** If you select YES and the cabin you have chosen is not an accessible cabin or selected Suite or Mini-suite, there may be insufficient room to manoeuvre your mobility aid. Therefore, we will contact you by phone to discuss other cabin options.

If you are a part time wheelchair user, would you accept an accessible cabin if one became available?

An accessible cabin will not be guaranteed and you will not be able to move back to your previous choice of cabin if you select YES. If you are assigned an accessible cabin you will be notified by email up to departure. The cabin will be the same or possibly a higher grade.

Yes  No

## Hearing and visual impairments

(Please refer to page 7 of the fact sheet)

Please tick if any of the following apply to you:

Deaf  Hard of hearing  Blind  Visually impaired

Do you require a visual alert system to be installed in your cabin?

**Please note:** This is a system to assist people who are deaf/hard of hearing with flashing alerts for door/phone. The equipment is subject to availability. It will also reduce surface space within your cabin.

Yes  No

Do you require written emergency information in your cabin?

Yes  No

Do you require large print menus on board?

Yes  No

Will you be travelling with an assistance animal?

**Please note:** If you have selected YES, we will contact you by email to request further information.

Yes  No

## Medical

Please refer to page 5 and 6 of the fact sheet

### Sharps

Will you require a sharps container in your cabin for needles or blood testing lancets?

Yes  No

Will you be bringing any of the following medical equipment?

**Please note:** All guests taking electrical medical equipment on board will be required to take their own extension lead with them. All guests bringing electrical equipment on board the flight must contact the airline directly as soon as possible and no later than 14 days before departure to confirm carriage. *Important information: Under current Health & Safety Protocols CPAP's and BiPAP's can only be accepted for use for Sleep Apnoea conditions.*

On board the ship	On your flight	To use on your flight
<input type="checkbox"/> CPAP	<input type="checkbox"/> CPAP	<input type="checkbox"/> CPAP
<input type="checkbox"/> BiPAP	<input type="checkbox"/> BiPAP	<input type="checkbox"/> BiPAP
<input type="checkbox"/> Nebuliser	<input type="checkbox"/> Nebuliser	<input type="checkbox"/> Nebuliser
<input type="checkbox"/> Feeding pump	<input type="checkbox"/> Feeding pump	<input type="checkbox"/> Feeding pump

If you have ticked CPAP or BiPAP above is this for Sleep Apnoea only: Yes  No

Are you pregnant?

You will need to send a letter to confirm the expected due date (EDD) and your fitness to travel to: [medical@carnivalukgroup.com](mailto:medical@carnivalukgroup.com)

Or

Health Services  
Carnival House  
100 Harbour Parade  
Southampton  
SO15 1 ST

Please note if you become pregnant prior to your holiday please contact us on **02380 655297**

Do you have any pre-existing medical conditions?

If you have any medical conditions or requirements that you believe may impact on your holiday experience, or any other condition that you have been advised to tell us about please contact us on **023 8065 5297**

or

[medical@carnivalukgroup.com](mailto:medical@carnivalukgroup.com)