

SPECIAL REQUIREMENTS INFORMATION (SRI) FORM

Our records indicate that accessible facilities and/or services may be required due to a disability. Please review and complete this form in order for specific arrangements to be made. This information is necessary so that we are aware of any special requirements you have. Holland America Line and Worldwide Shore Services (WSS) will seek to the extent feasible to accommodate all passengers. This information may be provided to third parties, as needed. **IF YOU HAVE ANY QUESTIONS REGARDING THIS FORM OR OUR FACILITIES, PLEASE CALL ACCESS & COMPLIANCE AT (800) 547-8493.**

Guest's Name: _____ Today's Date: _____ Guest's Phone: (____) _____ Booking No: _____
My Travel Professional Is _____ Contact Phone Number: (____) _____
Contact Fax or Email: _____ Ship _____ Sail Date _____
I Have Booked Suite _____ Which Is Is Not A Wheelchair Accessible Stateroom
I will be with someone who will provide me with the assistance I require: Yes No Relationship
<u>Flight information (if available):</u> Arrival Date: _____ Time: _____ Airline: _____ Flight No. _____ Airport: _____ Departure Date: _____ Time: _____ Airline: _____ Flight No. _____ Airport: _____
<u>For Guests With Mobility Needs:</u> (Check the appropriate box) I am requesting a Wheelchair for Embarkation and Disembarkation ¹ <input type="checkbox"/> Yes <input type="checkbox"/> No I Will Bring A Wheelchair ¹ : <input type="checkbox"/> Yes <input type="checkbox"/> No Type ² : <input type="checkbox"/> Fold-up <input type="checkbox"/> Electric <input type="checkbox"/> Scooter <input type="checkbox"/> Walker Wheelchair/Scooter dimensions: Weight _____ lbs. Width _____ in. Length _____ in. Height _____ in. My Weight is _____ <input type="checkbox"/> lbs <input type="checkbox"/> kg. I can step up onto a bus: <input type="checkbox"/> Yes <input type="checkbox"/> No I need a hydraulic lift equipped vehicle for tours or transfers: <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>For Guests With Severe Allergies:</u> (Please list your allergies in the below box) My allergies are food related: <input type="checkbox"/> Yes <input type="checkbox"/> No I carry an epi pen for emergencies related to my allergies: <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>For Guests With Diabetes:</u> My diabetes is controlled through: <input type="checkbox"/> Medication <input type="checkbox"/> Diet (as noted below) <input type="checkbox"/> I require access to refrigerated medicine every _____ hours I Need Hypodermic Disposal Facilities: <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>For Guests With Respiratory Needs:</u> I require the use of oxygen: <input type="checkbox"/> Yes <input type="checkbox"/> No ³ (*SEE BELOW*) I am bringing a CPAP machine: <input type="checkbox"/> Yes <input type="checkbox"/> No I need to order distilled water: <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>For Guests Requiring the Assistance of a Service Animal:</u> I am bringing a service animal with me ⁴ : <input type="checkbox"/> Yes <input type="checkbox"/> No Type: _____
Please describe any condition, illness, equipment or facilities that require special assistance that may not have been listed above. (Add Pages if necessary) ⁵
PLEASE FAX or EMAIL THE COMPLETED FORM TO (800) 577-1731 or halw_access@hollandamerica.com.

IF YOU HAVE QUESTIONS REGARDING THIS FORM OR OUR FACILITIES, PLEASE CALL OUR ACCESS & COMPLIANCE DEPARTMENT AT (800) 547-8493.

1. Please note complimentary wheelchairs are only available for embarkation and disembarkation procedures and in emergency situations.
2. All electric mobility devices must have a gel or dry cell battery.
3. The ship has oxygen for emergency use only. Persons requiring oxygen must either make independent arrangements for their oxygen needs through CareVacations @ 877-478-7827 or Special Needs at Sea @ 800-513-4515, or bring their own.
4. Service animals must have all required immunizations and paperwork.
5. Persons undergoing CAPD (Peritoneal Dialysis) must arrange for delivery of their own solutions and supplies.