

SPECIAL REQUIREMENTS

Holland America Line (HAL) and Worldwide Shore Services (WSS) will seek to the extent feasible to accommodate the needs of all passengers. This information is necessary so that we are aware of any special requirements you have. This information may be provided to third parties, as needed.

Name: _____ Date: _____ Phone: (____) _____ Booking No.: _____ My Travel Agent Is _____ Agency Phone Number: (____) _____ Agency address: _____ Please Check: <input type="checkbox"/> Alaska Cruise <input type="checkbox"/> Alaska Cruisetour <input type="checkbox"/> Other Cruises Ship _____ Tour #: _____ Pre/Post Options: <input type="checkbox"/> Pre <input type="checkbox"/> Post I Have Booked Cabin _____ Which <input type="checkbox"/> Is <input type="checkbox"/> Is Not A Wheelchair Accessible Cabin.
My Air/Ground Travel Was Arranged by HAL: <input type="checkbox"/> Yes <input type="checkbox"/> No HCA: _____ HPB: _____ I Have Separately Purchased a WSS Transfer ¹ : <input type="checkbox"/> Yes <input type="checkbox"/> No Flight information (if available): Arrival Date: _____ Time: _____ Airline: _____ Flight No. _____ Airport: _____ Departure Date: _____ Time: _____ Airline: _____ Flight No. _____ Airport: _____
Please describe any condition, illness, equipment or facilities that require special assistance as well as any special equipment you need (e.g., hypodermic disposal bin or facilities to refrigerate medicines): <i>(Add Pages if necessary)</i> ²
I will be with someone who will provide me with the assistance I require: <input type="checkbox"/> Yes <input type="checkbox"/> No Relationship _____ I am bringing a service animal with me ³ : <input type="checkbox"/> Yes <input type="checkbox"/> No Type: _____ I will bring oxygen tanks: <input type="checkbox"/> Yes <input type="checkbox"/> No ⁴
For Passengers With Mobility Impairments: <i>(Check the appropriate box)</i> I Will Bring A Wheelchair ⁵ : <input type="checkbox"/> Yes Type ⁶ <input type="checkbox"/> Foldup <input type="checkbox"/> Electric <input type="checkbox"/> Scooter Wheelchair/Scooter dimensions: Weight _____ lbs. Width _____ 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 hydraulic lift equipment for transportation for tour or transfer: <input type="checkbox"/> Yes <input type="checkbox"/> No
For Passengers With Diabetes: My diabetes is controlled through: <input type="checkbox"/> Medication <input type="checkbox"/> Diet (as noted above) <input type="checkbox"/> I require access to refrigerated medicine every _____ hours I Need Hypodermic Disposal Facilities <input type="checkbox"/> Yes <input type="checkbox"/> No

PLEASE FAX THE COMPLETED FORM TO: (800) 577-1731. IF YOU HAVE ANY QUESTIONS REGARDING THIS FORM OR OUR FACILITIES, PLEASE CALL ACCESS & COMPLIANCE AT (800) 426-0327, EXT. 4514.

- ¹ The HAL brochure lists transfers included with HAL air packages. You may purchase transfers by contacting Worldwide Shore Services at 800-355-3023
- ² Persons undergoing CAPD (Peritoneal Dialysis) must arrange for delivery of their own solutions and supplies.
- ³ Service animals must have all required immunizations and paperwork.
- ⁴ The ship has oxygen for emergency use only. Persons requiring oxygen must make arrangements for delivery on date of sailing. We suggest contacting Advanced Aeromedical at 800-346-3556.
- ⁵ Please bring your own wheelchairs; equipment on the ships is limited.
- ⁶ Gel or Dry Cell batteries are required for electric powered equipment.

For Holland America Line Use Only (1/20/00):	
Cruise Begins _____ in _____	_____
Cruise Ends _____ in _____	_____
Tour Begins _____ in _____	_____
Tour Ends _____ in _____	_____

Please fax to: 01 796 3133