



# SEABOURN®

## SPECIAL REQUIREMENTS INFORMATION (SRI) FORM

Our records indicate accessible facilities and/or services may be required. Please complete this form for any specific arrangements you may require. This information may be provided to third parties, as needed.

**Guests who are unable to care for their basic needs (e.g. dressing, eating, moving from wheelchair to seating and/or from seating to wheelchair or standing and attending safety drills) MUST have a capable traveling companion. The medical staff on board is not available for daily care unless an individual is hospitalized in the ship's Medical Center.**

Guest's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_ Guest's Phone: (\_\_\_\_) \_\_\_\_\_ Booking No.: \_\_\_\_\_

My Travel Advisor is \_\_\_\_\_ Advisor's Direct Phone Number: (\_\_\_\_) \_\_\_\_\_

Advisor's Direct Fax or Email: \_\_\_\_\_ Ship \_\_\_\_\_ Sail Date \_\_\_\_\_

I Have Booked Suite \_\_\_\_\_ Which Is \_\_\_\_\_ Is Not A Wheelchair Accessible Suite

I will be with someone who will provide me with the assistance I require: Yes No Relationship \_\_\_\_\_

Flight information (if available):

Arrival Date: \_\_\_\_\_ Time: \_\_\_\_\_ Airline: \_\_\_\_\_ Flight No. \_\_\_\_\_ Airport: \_\_\_\_\_

Departure Date: \_\_\_\_\_ Time: \_\_\_\_\_ Airline: \_\_\_\_\_ Flight No. \_\_\_\_\_ Airport: \_\_\_\_\_

**For Guests With Mobility Needs:** (Check the appropriate box)

I am requesting a Wheelchair for Embarkation and Disembarkation<sup>1</sup> Yes No

I Will Bring A Wheelchair<sup>1</sup>: Yes No Type<sup>2</sup>: Fold-up Electric Scooter Walker

Wheelchair/Scooter dimensions: Weight \_\_\_\_\_ lbs. Width \_\_\_\_\_ in. Length \_\_\_\_\_ in. Height \_\_\_\_\_ in. My Weight is \_\_\_\_\_ lbs kg.

I can step up onto a bus: Yes No I need a hydraulic lift equipped vehicle for tours or transfers: Yes No

**For Guests With Severe Allergies:** (Please list your allergies in the below box)

My allergies are food related: Yes No I carry an epi pen for emergencies related to my allergies: Yes No

**For Guests With Diabetes:** My diabetes is controlled through: Medication Diet (as noted below)

I require access to refrigerated medicine every \_\_\_\_\_ hours I Need Hypodermic Disposal Facilities: Yes No

**For Guests With Respiratory Needs:** I require the use of oxygen: Yes No<sup>3</sup> (\*SEE BELOW\*)

I am bringing a CPAP machine: Yes No I need to order distilled water: Yes No

**For Guests Requiring the Assistance of a Service Animal:**

I am bringing a service animal with me<sup>4</sup>: Yes 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)

**PLEASE EMAIL THE COMPLETED FORM TO [Access@Seabourn.com](mailto:Access@Seabourn.com).**

IF YOU HAVE QUESTIONS REGARDING THIS FORM OR OUR FACILITIES,  
PLEASE CALL GUEST ACCESSIBILITY AT (866) 530-2193 or (206) 626-9183.

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 ScootAround @ 888-441-7575 or Special Needs at Sea @ 954-585-0575 or 800-513-4515, or they may bring their own.

4. Service animals must have all required immunizations and paperwork.