



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. Seabourn Cruise Line will seek to the extent feasible to accommodate all guests. 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 (866) 530-2193 or (206) 626-9183.**

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 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 Disembarkation¹ Yes No

I Will Bring A Wheelchair¹: Yes No Type²: 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 No³ (***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 me⁴: 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)⁵

PLEASE FAX or EMAIL THE COMPLETED FORM TO (206) 501-2904 or access@seabourn.com.

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PLEASE CALL OUR ACCESS & COMPLIANCE DEPARTMENT 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 CareVacations @ 780-986-6404, 877-478-7827 or Special Needs at Sea @ 954-585-0575, 800-513-4515, or bring their own.
4. Service animals must have all required immunizations and paperwork.