

SEEREISEDienst.DE
Vinckeweg 21
47119 Duisburg

Sehr geehrter Gast,

bitte nutzen Sie dieses Deckblatt mit unserer Adresse, um das ausgefüllte Formular für besondere Bedürfnisse an unser Büro in Duisburg zurückzusenden.

Alternativ können Sie es uns auch gerne per Fax oder E-Mail übermitteln:

Fax: 0203 / 50 960 380
E-Mail: info@seereisedienst.de

Vorsorglich weisen wir darauf hin, dass die Reederei Costa Kreuzfahrten dieses Formular leider nicht in deutscher Übersetzung, sondern nur in englischer Fassung zur Verfügung stellt.

Mit freundlichen Grüßen
Ihr Kundenservice

Costa Crociere S.p.A.	Corporate Management System	Rev. 1	
Code P2.7.3 Man.01 MO 01	P 2 CRUISE MANAGEMENT INFORMATIONSDOKUMENT BEZÜGLICH SPEZIELLER BEDÜRFNISSE	Datum 11.04.2018	Seite 1/14

**INFORMATIONEN BEZÜGLICH DER VERARBEITUNG PERSONENBEZOGENER DATEN UND
BESONDERER KATEGORIEN VON DATEN**

Gemäß dem Art. 13 der Datenschutz-Grundverordnung (EU) 2016/679 (im Folgenden „DSGVO“) setzt Costa Crociere Sie davon in Kenntnis, dass die personenbezogenen und sensiblen Daten bezüglich Ihres Gesundheitszustands (im Folgenden „die Daten“), die Sie uns entweder unmittelbar zum Zeitpunkt der Buchung haben zukommen lassen oder die wir auf andere Weise in Verbindung mit oder während Ihrer Kreuzfahrt bekommen haben, in Übereinstimmung mit den Bestimmungen der DSGVO verarbeitet werden.

Zwecke der Verarbeitung

Ihre personenbezogenen Daten werden verarbeitet werden, um:

- a) die Vertragsgeschäfte zwischen Ihnen und Costa Crociere abzuschließen, zu koordinieren und auszuführen;
- b) sicherzustellen, dass Sie gesundheitlich in der Lage sind, auf Kreuzfahrt zu gehen, da eine medizinische Versorgung an Bord unter Umständen nur in begrenztem Maße gewährleistet ist, und Sicherheitsbedenken auszuräumen;
- c) Ihnen die zusätzliche Gesundheitsversorgung und die damit verbundenen Leistungen zuteilwerden zu lassen, um die Sie gebeten haben;
- d) geltende nationale und EU-weite Gesetze, Verordnungen und Anforderungen sowie von zuständigen Behörden gegebene Anweisungen zu erfüllen; und
- e) die Anforderungen des Verbands CLIA und der USPHS zu erfüllen.

Art der Datenbereitstellung und Folgen einer Weigerung

Die Bereitstellung sensibler Daten ist insofern notwendig, als für Ihren Gesundheitszustand besondere medizinische Leistungen erforderlich sein könnten und diese Daten zur Erfüllung des Beförderungsvertrags gebraucht werden. Wenn Sie solche Daten nicht zur Verfügung stellen, könnte es sein, dass Costa Crociere ihre vertraglichen Pflichten nicht erfüllen kann, und/ oder dass Ihnen eine Beförderung verweigert wird.

Kategorien von Empfängern personenbezogener Daten

Die Daten dürfen nur den folgenden Kategorien von Parteien zu den vorgenannten Zwecken zur Kenntnis gegeben werden:

- Mitgliedern der Belegschaft von Costa Crociere, die zu Datenverarbeitungsbeauftragten und/ oder Datenverarbeitern ernannt worden sind;
- Unternehmen, die zur Firmengruppe von Costa Crociere gehören, auch im Ausland;
- Personen, Unternehmen, Verbänden oder Honorarkräften, die Costa Crociere Beratungs- und Consulting-Services oder andere Arten von Leistungen erbringen (wie z. B. zugelassene Wirtschaftsprüfer, Ärzte, Rechtsanwälte, Steuerberater, Buchhalter und Berater im Rahmen von Unternehmens- oder Sorgfaltsprüfungen, etc.); sowie
- Personen und Unternehmen, die befugt sind, auf Ihre Daten zuzugreifen, und zwar sowohl Kraft des Gesetzes als auch der sekundären Gesetzgebung oder Anordnungen, die von gesetzlich ermächtigten Ämtern herausgegeben wurden, einschließlich Hafenbehörden am Ankunftsort von Schiffen.

Insbesondere könnten die Daten von folgenden Unternehmen verarbeitet werden, die zur Firmengruppe von Costa Crociere gehören:

- a) Carnival Maritime GmbH, Großer Grasbrook 9, 20457 Hamburg, Deutschland, zuständig für die medizinische Beratung. Ihre personenbezogenen Daten werden verarbeitet, um sicherzustellen, dass Sie angemessene Gesundheitsleistungen erhalten;
- b) Cruise Ships Catering & Service International, N.V., Piazza Piccapietra 48, 16121 Genua, Italien, zuständig für das Catering-Service an Bord der Schiffe. Ihre personenbezogenen Daten werden verarbeitet, um zu gewährleisten, dass Ihre Gesundheit an Bord des Schiffes gewährleistet wird (z. B. durch Berücksichtigung von Allergien, Lebensmittelunverträglichkeiten usw.)

Die Liste von Personen und Unternehmen, denen Ihre Daten zur Verfügung gestellt wurden, können Sie von Costa Crociere unter folgenden Adressen anfordern: privacy@costa.it oder Costa Crociere S.p.A., Piazza Piccapietra, Nr. 48, 16121 Genua, zu Händen des Datenschutzbeauftragten.

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Übermittlung von personenbezogenen Daten in Regionen außerhalb der Europäischen Union

Ihre personenbezogenen Daten können zu den oben genannten Zwecken an externe Unternehmen inner- oder außerhalb der Europäischen Union übermittelt werden.

Wann immer Daten in Länder außerhalb der Europäischen Union übermittelt werden, müssen diese Länder nach Maßgabe einer speziellen Entscheidung der Europäischen Kommission einen ausreichenden Grad an Schutz garantieren, oder muss der Empfänger andernfalls einer Vertragspflicht zum Schutz der Daten unterliegen, die zur Folge hat, dass der Grad des Schutzes, den er gewährleistet, ausreichend und mit dem von der DSGVO garantierten Grad vergleichbar ist.

Rechte von betroffenen Personen

Sie dürfen jederzeit gemäß den Artikeln 15 bis 22 der DSGVO auch hinsichtlich der Profilierung:

- a) auf Ihre personenbezogenen Daten zugreifen;
- b) verlangen, dass Ihre personenbezogenen Daten korrigiert werden;
- c) jederzeit Ihre Zustimmung zur Verwendung und Offenlegung Ihrer personenbezogenen Daten widerrufen;
- d) verlangen, dass Ihre personenbezogenen Daten gelöscht werden;
- e) sich die Sie betreffenden personenbezogenen Daten in einem strukturierten, häufig verwendeten und maschinenlesbaren Format zusenden lassen und Ihre Daten an einen anderen Verantwortlichen schicken;
- f) der Verarbeitung von Sie betreffenden personenbezogenen Daten zu Marketing- oder Profilierungszwecken widersprechen;
- g) die Verarbeitung von personenbezogenen Daten beschränken lassen;
- h) sich bei einer Aufsichtsbehörde beschweren;
- i) eine Benachrichtigung über alle stattgefundenen Verletzungen des Datenschutzrechts erhalten;
- j) Informationen über Folgendes anfordern:
 - i. die Zwecke der Verarbeitung;
 - ii. die Kategorien von personenbezogenen Daten;
 - iii. die Empfänger oder Kategorien von Empfängern, denen personenbezogene Daten offengelegt wurden oder noch werden, vor allem dann, wenn Daten an Empfänger in Drittländern oder internationalen Organisationen geschickt wurden, und über das Vorhandensein ausreichender Garantien;
 - iv. die Dauer der Aufbewahrung personenbezogener Daten; und
 - v. wann immer Daten nicht von der betroffenen Person selbst erhoben wurden, alle Informationen über die Herkunft dieser Daten.

Sie können der Versendung von Benachrichtigungen zu Marketing- und Profilierungszwecken an Sie jederzeit widersprechen, indem Sie auf den „Abmelden“-Link klicken, den Sie am Ende jeder E-Mail finden, die Sie erhalten, oder einen dementsprechenden Antrag an die im Anschluss genannten Adressen schicken.

Sie können diese Rechte in Anspruch nehmen und/ oder weitere Informationen über die Verarbeitung personenbezogener Daten anfordern, indem Sie uns unter folgenden Adressen kontaktieren:

- per E-Mail an info@costa.it oder postalisch an Costa Crociere S.p.A., Piazza Piccapietra 48, 16121 Genua, oder

- per E-Mail an privacy@costa.it oder postalisch an Costa Crociere S.p.A., Piazza Piccapietra 48, 16121 Genua, zu Händen des Datenschutzbeauftragten.

Hinsichtlich der Verarbeitung von Daten, die Ihren Gesundheitszustand oder Ihre medizinischen Anforderungen betreffen, und von anderen sensiblen Daten in Fällen, in denen es zur Erbringung von Gesundheitsleistungen unbedingt notwendig ist, verlangt der Artikel 9 der DSGVO, dass wir mittels des beigelegten Formulars Ihre ausdrückliche Zustimmung dazu einholen.

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Zustimmung der betroffenen Person zur Verarbeitung sensibler Daten

Ich, die unterzeichnende Person namens, geboren am in und wohnhaft in, gebe, nachdem ich die Informationen, die mir vom Verantwortlichen gemäß dem Artikel 13 der DSGVO zur Verfügung gestellt wurden, gelesen und studiert habe, und mir insbesondere dessen bewusstgeworden bin, dass die Verarbeitung „besondere Kategorien personenbezogener Daten“ gemäß der Definition im Art. 9 der DSGVO beinhalten wird:

- meine Zustimmung zur Verarbeitung meiner sensiblen Daten, die zur Erbringung der im Informationsblatt erwähnten Leistungen notwendig sind.

Ort, Datum.....

Unterschrift der betroffenen Person.....

- meine Zustimmung zur Übermittlung der Daten an die Personen und Unternehmen, die im Informationsblatt erwähnt sind.

Ort, Datum.....

Unterschrift der betroffenen Person.....

Zustimmung des Elternteils oder Vormunds im Fall der Verarbeitung sensibler Daten bezüglich einer minderjährigen Person oder einer Person, die nicht im Vollbesitz ihrer geistigen Kräfte ist

- Ich, die unterzeichnende Person namens, geboren am in und wohnhaft in, gebe in meiner Eigenschaft als Elternteil/ Vormund von, nachdem ich die Informationen, die mir vom Verantwortlichen gemäß dem Artikel 13 der DSGVO zur Verfügung gestellt wurden, gelesen und studiert habe, und mir insbesondere dessen bewusstgeworden bin, dass die Verarbeitung „besondere Kategorien personenbezogener Daten“ gemäß der Definition im Art. 9 der DSGVO beinhalten wird:
- meine/ unsere Zustimmung zur Verarbeitung sensibler Daten, die betreffen und zur Erbringung der im Informationsblatt erwähnten Leistungen notwendig sind.

Ort, Datum

Unterschrift

- meine/ unsere Zustimmung zur Übermittlung der Daten an die Personen und Unternehmen, die im Informationsblatt erwähnt sind.

Ort, Datum

Unterschrift

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GENERAL INFORMATION AND PERSONAL DATA - Form A1
To be completed in CAPITAL LETTERS otherwise the request might be refused

Guest Name _____ Age _____ Nationality _____

Booking nr. _____ cabin nr. _____ Ship _____ Departure date _____

PLEASE READ CAREFULLY:

Costa Cruise Lines will attempt to accommodate the needs of all passengers so they may enjoy our vessels to the fullest. While we do our best to provide assistance and service, in certain situations, when your health and wellbeing is jeopardized, or your needs are in contrast with the security rules on board, Costa Cruise Lines reserves the rights to restrict you from travelling. The following information is necessary so that we are fully aware of any special medical, physical or other requirements you may have, this must be collected at the time of the reservation. ¹

Have you purchased air transportation through Costa Cruises? YES NO

Have you purchased a pre or post cruise package through Costa Cruises? YES NO

If yes to either question above: accommodation will be made to the specific situation.

IMPORTANT NOTES:

- Please kindly note that our Medical Dept. if necessary, may request medical documentation or specific medical authorization to do the cruise.
- We recommend you to carry a copy of your medical records (e.g., EKG, medication list, allergies, etc.) to assist us should medical care be required during the trip.
- Please remember to bring in your hand luggage all your necessary medications, in sufficient quantity for the entire cruise.
- If your routine medications include injectable medicines, please ask the cabin steward for an appropriate sharps container for the disposal of your syringes or needles.

IMPORTANT

The medical facilities on our ships are limited. If you are currently undergoing medical treatment or have a medical condition, which may require treatment on board, please provide Costa Cruise as much detailed information in advance to permit sufficient time for review and processing. The above information must be collected by the booking department and sent to the Medical Services Department for approval. The process will be done in a confidential way.

The present forms must be filled in and sent to the Costa Offices only together with the INFORMATION CONCERNING PROCESSING OF PERSONAL AND SENSITIVE DATA filled in entirely and signed by the guest.

Passenger Signature

Date

¹ Please read the Booking Conditions in our Brochure

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INFORMATION ABOUT MEDICAL CONDITIONS - Form A2
To be completed in CAPITAL LETTERS otherwise the request might be refused

Guest Name _____ Booking nr. _____ Ship _____ Departure date _____

Dear guest,

it is important for your own safety and wellbeing during the cruise that we are aware of any medical condition or illness you have. We kindly ask you to provide us with as much information as possible. Please use additional sheets if necessary.

1) Do you have any illness or medical condition? YES NO
If yes, please list them below and provide us with the A3 form completed by your doctor.

2) Do you take any medications? YES NO
If Yes, please list them below

Does any of your medications need to be refrigerated? YES NO
If yes, please note that all cabins are fitted with a mini-bar fridge. If that is not suitable, please let the booking office know and we will check whether an alternative fridge is available onboard.
It is important that you bring all your medications and their prescriptions onboard with you, in quantity sufficient to last for the entire cruise. We recommend that you carry the medications in your hand luggage when travelling to and from the ship.

3) Do you have any disability? YES NO
If Yes, please specify below

4) Do you require any assistance for your daily activities (i.e. dressing, washing, eating, walking, handling money etc.)? YES NO
If Yes, please specify below the name of the travel companion who will provide assistance to you during the cruise.

5) Will you bring liquid oxygen onboard? YES NO
If Yes, how many times do you need to refill the liquid oxygen cylinder?

6) If you are undergoing CAPD (Peritoneal Dialysis), are you able to execute the procedure by yourself? YES NO
If NO, please specify the name of the travel companion who will provide assistance to you during the cruise:

Date: Signature of the passenger (or legal guardian):

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DOCTOR'S DECLARATION - Form A3
 To be completed by your family doctor or specialist in **CAPITAL LETTERS** otherwise the request might be refused

Guest Name _____ Booking nr. _____ Ship _____ Departure date _____

*Dear doctor,
 the following information will be used by our Medical Department to assess the fitness to sail of the passenger.
 Please add a detailed medical report if necessary.*

KINDLY WRITE IN CAPITAL LETTERS AND, IF POSSIBLE, IN ENGLISH. *If you prefer, you can provide the information via a different document, as long as all the points below are covered. Thank you very much for your time.*

1) Passenger's medical condition and possible complications:

2) Relevant medications:

3) If the passenger suffers from a psychiatric condition, please answer the following questions:

- a) Does the patient have any known suicidal tendency? YES NO
- b) Is the patient at risk of aggressive or violent behavior? YES NO
- c) Does the patient suffer from anxiety or panic attacks which might be triggered or made worse by crowds or enclosed spaces? YES NO

I certify that at present in my professional opinion the above-mentioned passenger has no contraindication to the planned cruise.

Doctor's name and title:
 Date:
 Signature and stamp:
 Address:
 Telephone number:
 Email address:.....

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FORM FOR AIR TRANSPORT - Form A4

To be completed in **CAPITAL LETTERS** otherwise the request might be refused

Costa Crociere would like to ensure that your transport by air, for reaching the main ports, from which will depart your cruise, will be as pleasant and satisfactory as possible.

For that reason, conforming to the security regulations is very important to verify the **extend of your disability**.

Please choose among the following conditions:

- **WCHR:** I need the wheelchair only for reaching the aircraft, I can use the stairs of the aircraft by my own and I can reach my seat on board the aircraft.
- **WCHS:** I can't get on board or get off the aircraft on my own, but I can reach even with some difficulty my seat on board the aircraft.
- **WCHC:** It's quite difficult for me to move, I need the wheelchair during the embarkation, debarkation and for reaching my seat on board the aircraft.

Note: for Guests which choose this last condition is compulsory to be accompanied during flights that last more than three (3) hours.

DIABETIC GUEST OR WITH OTHER MEDICAL TREATMENTS

- If you are going to bring syringes in your bag handbag, please indicate:
 - How many syringes you are you going to bring with you?
 - Length of the syringe:
 - Length of the needle:
 - Type of the medicine:

Note: please indicate the quantity of the medicines (in boxes or in other form)

- In case you are going to bring with you needle lancing:
 - How many needle lancing are you going to bring with you?
 - Length of the needle lancing?
- In case you are going to bring with your hypoglycemic strips:
 - How many hypoglycemic strips you are going to bring with you?

Note: please indicate the quantity of the strips (in boxes or in other form)

- Are you bringing with you a cooler box or bag with dry ice? Yes No
 If yes, please indicate the dimensions of the box/ bag (length, width, depth) and weight
 If yes, do you use iced water or dry ice (compulsory for air transportation)?
- Do you need to use injections on board the aircraft during the flight? Yes No

Note: In case you transport syringes and medicines in your handbag it is necessary to have with you a medical certificate written in English, which certifies that you need to bring with you these syringes/medicines, the quantity, the dose and the way you administer the medication.

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<p>GUESTS WHO NEED WHEELCHAIR - Form A5</p> <p>To be completed in CAPITAL LETTERS otherwise the request might be refused</p>
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The vessels have a limited number of cabins for disabled passengers. Some areas and facilities on board are not accessible by the disabled and/or are unable to accommodate disabled passengers. Bookings from disabled passengers will be accepted within the limits of such availability and, if necessary, may require that such passengers be accompanied by persons capable of providing them the assistance they require.

The Organiser will take no responsibility for setting up alternative schedules on board the vessel or ashore for disabled passengers and will not be held responsible for any impediment or difficulties encountered by them using the services and activities included in the tourist package.²

For transfers and shore excursions organized by Costa Cruise, guest will need to specify if he/she is able to step up the bus by himself or with the assistance of a person that travels with him/her. In case the guest needs a personalized transfer or shore excursion, the service will have an extra cost.

For Shore Excursions during the cruise, guest will need to specify any special requirements needed since not all Costa Tours can be performed by guests with limited mobility. Furthermore, it's important to check when the itinerary includes ports that require tenders, because it can be dangerous to go shore side.

In case of special needs, please forward a request to your Travel Agency and Costa Booking Office in order to check the feasibility of the requests and the related costs.

For more information please visit: www.costacrociere.it/esigenzespeciali.

- What type of wheelchair do you need to bring with you? Collapsible Scooter* Electric
- Please indicate the dimensions of the wheelchair:
 - when open: Width _____ Length _____ Height _____
 - when closed: Width _____ Length _____ Height _____
- Please indicate the weight of the wheelchair: _____
- What type of battery is used? _____ How many are needed? _____
- Are you able to step up onto a motor coach by yourself? Yes No

(If not the request of a special transfer requires an extra charge)

*Accessibility of Scooters/Electric Chairs may vary by ship. Gel-type and lithium batteries are requested for electric powered scooters. Acid batteries are not allowed. Batteries/wheelchairs must have a recognized approval CE mark. Any other than CE marking's will first be checked with the Deck & Safety Superintendent to evaluate the safety standards. Please note that it's not permitted to embark scooters that use inflammable fuels.

PASSENGER'S STATEMENT: I state that I have checked the technical specifications of my electrical device and it can function regularly with current 220V and frequency 60 Hz as per ship's electrical system.

Signature of the passenger for acceptance of the above mentioned conditions _____

² Please read the Booking Conditions in our Brochure

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DISABLED GUESTS ACCOMPANIED BY A CERTIFIED GUIDE DOG - Form A6
 To be completed in **CAPITAL LETTERS** otherwise the request might be refused

Important Note

The certified guide dog must have been subjected to due immunizations and the possessor must have a regular passport.

- In order to get permission to board the certified guide dog, the guest must submit the following documents to the Costa Booking office:
 - a copy of the dog's passport certifying the dog's data and vaccinations. The Guest is invited to bring along the original current vaccination records and passport of the animal to be shown on embarkation or that may be requested by the authorities of the countries endorsed during the cruise.
 - a proof from the local health authority that the guest is registered disabled.
 - a medical certificate (on letterhead with stamp and signature) indicating that guest is fit to travel and needs to be accompanied by a certified guide dog.
 - a copy of the guide dog certification.
- Some ports of call will not allow dogs to disembark due to quarantine laws. Therefore, guests are required to personally check all documents required by the authorities in the various ports of call for the landing of assistance dogs.
- Guests are required to bring enough food (and medication if applicable) for the whole cruise since Costa cannot supply dog food or dog medication.
- The owner of the certified guide dog is responsible for its safekeeping. Costa Crociere, the ship and its crew are exempt from any responsibility for the health, care or welfare of the animal.
- The owner of the guide dog is liable for any damage to people/ objects caused by the animal and is required to use the area reserved for the animal's needs and to maintain the cleanliness of the said area.
- The animal must remain on a leash, when in all public areas of the ship. Guests are invited to personally supervise and guard the animal, so that he/she cannot cause damage and / or disturbance to persons or objects present on the ship.
- In case of non-compliance with the provisions above, and/or where the guide dog shows aggressive behaviour that poses a threat to anyone present on the ship, it is at the discretion of the ship's Officers to take actions. These actions could result in the dog being banned from certain public areas and/ or restricted to the cabin.
- In severe cases, it could result in the disembarkation of both the dog and its owner.

Other Notes: _____

Guest's Signature for acceptance of the above conditions _____

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- The animal must remain on a leash, when in all public areas of the ship. Guests are invited to personally supervise and guard the animal, so that he/she cannot cause damage and / or disturbance to persons or objects present on the ship.
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Other Notes: _____

Guest's Signature for acceptance of the above conditions _____

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GUESTS WITH INTOLERANCES – Form A8
To be completed in **CAPITAL LETTERS** otherwise the request might be refused

Are you intolerant to any substances? YES NO

Is this intolerance by contact or by ingestion of the element? _____

Please list here below to which elements you are intolerant:

VERY IMPORTANT: Please contact the Maitre D' on embarkation day, in order to inform him about your specific diet's need.

GUESTS WITH ALLERGIES – Form A9
Please provide a signed and dated medical certificate confirming the allergy **AND** the reaction
To be completed in **CAPITAL LETTERS** otherwise the request might be refused

Are you allergic to any substances? YES NO

Is a life threatening allergy? YES NO

Please indicate if this is an allergy by contact or by ingestion: _____

Please list here below to which substances you are allergic:

Please bring with you any medicines that can help you overcoming the eventual and accidental contact or ingestion of the substance

In case of **allergy to nickel** the guest must bring with him the pots and kitchenware that uses, since the pots on board may contain a percent of nickel.

VERY IMPORTANT: please contact the Maitre D' on embarkation day, in order to inform him about your specific diet's need.

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GUESTS WHO NEED OXYGEN BOTTLES ON BOARD – form A10 To be completed in CAPITAL LETTERS otherwise the request could be refused

The infirmary is equipped with oxygen for emergency use ONLY. Guest must arrange for an adequate supply of oxygen for the whole cruise to be delivered to the ship on the sailing date. It is allowed to embark:

- compressed gas oxygen (for a maximum quantity of 2 litres) or
- liquid oxygen (guests can keep in the cabin a liquid oxygen cylinder for a maximum quantity of 3,1 litres to minimize risks involved in handling a product kept in a container under pressure)

IMPORTANT: the total quantity of liquid oxygen that the passenger can embark is 80 lt. The oxygen will be stored in the Ship's Hospital locker or in a Safety locker to be confirmed. The Companion Bottles, when full, have a weight of approximately 8 Lbs. (3.63 Kg) and have autonomy of 8 hours at 2 Litres per minute.

The passenger is invited to contact the ship's hospital when he/she needs to re-fill the portable cylinder and he will need to perform the re-filling independently. The nurse will be present but for safety reasons will not be able to assist or perform the task on behalf of the guest. For operational reasons, the guest (or his travel companion) must make refill process from big to small liquid oxygen bottles in the Ship's Hospital locker only from 8 am till 10 pm.

The guest will need to arrange the disembarkation of all his/her material on his disembarkation day.

- How many bottles are you bringing?

- What capacity are the bottles you'll bring on board (litres)?

- How much do the bottles weigh & what are their dimensions?

IMPORTANT: if the guest uses a Company for delivering the oxygen to the ship, it is necessary to provide in advance Costa Booking Office with the following information to arrange the embarkation/ debarkation of the material on board:

- 1) A Pro-forma invoice and a packing list of the material that will be delivered to the ship
- 2) The type of vehicle that will make the delivery to the port and its plate number, as well as the Identity card of the Driver. The same data must be sent for the collection of the bottles on the disembarkation day by the Company that provides the material. Guest is responsible for the collection of the bottles on the disembarkation day.
- 3) A label on all bottles embarked detailing:
 - Name of the Ship and date of departure of the cruise
 - Name, surname and cabin number of the passenger

Guest will be advised about all expenses for embarking /disembarking the material or/and custom formalities.

VERY IMPORTANT: the bottles must have documents showing its good condition, the date of the last refilling and the last pressure test issued by the authorized company.

Guest signature for acceptance of the above mentioned conditions _____

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GUESTS WHO NEED PERITONEAL DIALYSIS – Form A11 To be completed in CAPITAL LETTERS otherwise, the request could be refused
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Guests undergoing CAPD (Peritoneal Dialysis) are required to execute the whole procedure by themselves or to have a travel companion who will provide assistance to him during the cruise.

Peritoneal dialysis treatments can only be done in the cabin, not in the hospital.

Heating devices (if needed) must have a recognized approval CE mark in order to be used on board, furthermore they must work with less than 1000 Watt.

Please indicate how many times a day you need to operate the Peritoneal Dialysis with heating device

IMPORTANT: on board all Costa vessels the power outlets in the cabins have an alternating current of 220-110 Volts/60 Hz. It is necessary to verify that the device can function correctly with this current.

PASSENGER'S STATEMENT: I state that I have checked the technical specifications of my electrical device and it can function regularly with current 220V and frequency 60 Hz as per ship's electrical system.

- Any passengers undergoing CAPD (Peritoneal Dialysis) must arrange for the delivery of solutions and supplies.

IMPORTANT: If the guest uses a Company for delivering the needed material for the peritoneal dialysis to the ship, Costa Booking Office must receive the following information to arrange the embarkation and/ or debarkation of the material on board:

1. Pro-forma invoice and a packing list of the material that will be delivered to the ship.
2. The type of vehicle that will make the delivery to the port and its plate number, as well as the Identity card of the Driver.

A label must be placed on all boxes that will be embarked detailing:

- Name of the Ship and date of departure of the cruise
- Name, surname and cabin number of the passenger

Guest will be advised of all expenses for embarking /disembarking the material or/and custom formalities.

Guest signature for acceptance of the above mentioned conditions _____

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GUESTS NEEDING TO EMBARK AN ELECTRICAL MEDICAL DEVICE ON BOARD – Form A12
To be completed in **CAPITAL LETTERS** otherwise the request could be refused

IMPORTANT: on board all Costa Vessels the power outlets in the cabins have an alternating current of 220-110 Volts/60 Hz, therefore the electrical device can function correctly with this current and frequency. Any heating device or with high absorption (max 1000 Watt) is not allowed in the cabin.

Electrical devices must have a recognized approval CE mark in order to be used on board.

PASSENGER’S STATEMENT: I state that I have checked the technical specifications of my electrical device and it can function regularly with current 220V and frequency 60 Hz as per ship’s electrical system.

Please report the medical reason for which you need to bring the respiratory device on board:

IMPORTANT:

If the guest uses a Company for delivering the respiratory device to the ship, Costa Booking Office must receive the following information to arrange the embarkation and/ or debarkation of the material on board:

1. A Pro-forma invoice and a packing list of the material that will be delivered to the ship
2. The type of vehicle that will make the delivery to the port and its plate number, as well as the Identity card of the Driver.

A label must be placed on all boxes that will be embarked detailing:

- Name of the Ship and date of departure of the cruise
- Name, surname and cabin number of the passenger

Guests will be advised about all expenses for embarking /disembarking the material or/and custom formalities.

Guest signature for acceptance of the above mentioned conditions _____