

SEEREISEDienst.DE

Die Kreuzfahrttradition des besten Preises.



SEEREISEDienst.DE
Vinckeweg 21
47119 Duisburg

Sehr geehrte Damen und Herren,

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

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

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

Vorsorglich weisen wir darauf hin, dass die Reederei Costa Kreuzfahrten das 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. 2	
Code P2.7.3 Man.01 MO 01	P 2 CRUISE MANAGEMENT SPECIAL NEED INFORMATION FORM	Date 11/12/18	Pag.1/14

INFORMATION CONCERNING PROCESSING OF PERSONAL AND SPECIAL DATA

Pursuant to Art. 13 of the Regulation (EU) 2016/679 (hereinafter "GDPR"), Costa Crociere informs You that the personal and sensitive data, regarding Your state of health (hereinafter "the Data"), either provided by You directly at the time of booking and/or purchasing the tourism package or otherwise acquired in connection with or during Your cruise, will be processed in compliance with the provisions of the GDPR.

Purposes of processing

Your personal data will be processed for the following purposes:

- a) to finalize, manage and execute the contractual dealings between You and Costa Crociere;
- b) to determine that You are fit to take a cruise given that the availability of medical care on board may be limited, and also with regard to security issues;
- c) for the purpose of provision of supplementary health care and associated services requested by You;
- d) for the purpose of compliance with applicable domestic and EU laws, regulations and requirements as well as orders issued by competent authorities;
- e) to comply with the requirements of the CLIA association and the USPHS

Nature of data provision and consequences arising out of any refusal

Provision of sensitive data is necessary insofar as Your care may require specific medical attention and for the purpose of performance of the passage contract; failure to provide such data may prevent Costa Crociere from fulfilling its contractual obligations and/or result in You being refused passage.

Personal data recipient categories

The Data may be disclosed solely for the aforementioned purposes, to the following categories of parties:

- Costa Crociere in-house staff, appointed as data processing agents and/or data processor;
- companies belonging to the Costa Crociere Corporate Group, also located abroad;
- persons, companies, associations or professional firms providing services or advisory or consulting services to Costa Crociere (e.g. chartered accountants, physicians, lawyers, tax consultants, auditors and consultants within auditing or due diligence operations, etc.);
- persons and entities that are authorized to access your data, both recognized by law and secondary legislation or by orders issued by authorities empowered by law, including port authorities at the place of landing.

In particular the Data may be processed by the following companies belonging to the Costa Crociere Corporate Group:

- a) Carnival Maritime GmbH, Großer Grasbrook 9, 20457 Hamburg, Germany, as Data Processor, which provides medical advices. Your personal data shall be processed for the purpose of assure you an appropriate health care;
- b) Cruise Ships Catering & Service International, N.V., Piazza Piccapietra 48, 16121 Genoa, Italy, as Data Processor, which provides catering service on board of the vessel. Your personal data shall be processed for the purpose to ensure you an appropriate stay on board of the vessel with regards to your health (e.g. allergy, food allergies, etc.).

The list of persons and entities to which your data have been disclosed is available at the company at the following addresses: privacy@costa.it or Costa Crociere S.p.A., Piazza Piccapietra, no. 48, 16121 Genoa, to the attention of the Data Protection Officer

Transfer of personal data outside the European Union.

Your personal data may be transferred abroad to third-party companies belonging or outside the European Union for the purposes stated above.

Whenever data is transferred to States outside the European Union, said States shall guarantee an adequate level of protection, based on a specific decision of the European Commission or, alternatively, the recipient shall have a contractual obligation to protect data adopting an adequate and comparable level of protection to that provided under the GDPR.

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Data subject rights

At any time, in accordance with articles 15 to 22 of the GDPR, you are entitled, also in relation to profiling, to:

- a) access your personal data;
- b) request your personal data to be corrected;
- c) revoke, at any time, consent to the use and disclosure of your personal data;
- d) request your personal data to be deleted;
- e) receive the personal data concerning you in a structured, commonly used and machine-readable format, as well as the right to send your data to another data controller;
- f) oppose the processing of personal data concerning you for marketing or profiling purposes;
- g) obtain restriction on the processing of personal data;
- h) lodge a complaint with a supervisory authority;
- i) receive a notification whenever there is a personal data breach;
- j) request information about:
 - i. the purposes of processing;
 - ii. the categories of personal data;
 - iii. the recipients or categories of recipients to whom personal data have been or will be disclosed, specifically, whenever data have been sent to recipients in third countries or international organizations and the existence of adequate guarantees;
 - iv. the period personal data shall be retained;
 - v. whenever data have not been collected from the data subject, all information regarding their origin.

You may, at any time, oppose the sending of notifications linked to marketing and profiling activities, by clicking on the “unsubscribe” link at the bottom of the e-mail received or by sending a relevant request to the addresses shown further on.

You may exercise these rights and/or obtain further information about personal data processing, by sending a notification:

- via e-mail to: info@costa.it or to Costa Crociere S.p.A. Piazza Piccapietra 48, 16121 Genova

- via e-mail to: privacy@costa.it or to Costa Crociere S.p.A. Piazza Piccapietra 48, 16121 Genoa, to the attention of the Data Protection Officer.

With regard to the processing of data regarding Your health and medical condition and of any other sensitive data, where strictly necessary for the provision of health care services, Article 9 of the GDPR requires You to specifically give consent as per the attached form.

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Data Subject's Consent to the processing of sensitive data

I, the undersigned, born in on and resident in, having read and examined the information provided by the Data Controller pursuant to Article 13 of the GDPR and aware in particular that processing will involve "special data" defined in Art. 9 of the GDPR:

- give my consent to the processing of my sensitive data necessary for provision of the services mentioned in the information sheet.

Place, Date *Data Subject's signature*.....

- give my consent to disclosure of the data to the parties mentioned in the information sheet.

Place, Date *Data Subject's signature*.....

Consent of parent or guardian in the case of processing of sensitive data pertaining to a minor or an incompetent adult

- I, the undersigned, born in on and resident in, in my capacity as the parent/guardian of, having read and examined the information provided by the Data Controller pursuant to Article 13 of the GDPR and aware in particular that processing will involve "special data" defined in Art. 9 of the GDPR:
- give my/our consent to the processing of sensitive data pertaining to necessary for provision of the services mentioned in the information sheet.

Place, Date *Signature*.....

- Give my/our consent to disclosure of the data to the parties mentioned in the information sheet.

Place, Date *Signature*

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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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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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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

- In case of allergic reaction, urgently call **the Medical Emergency number 99** from any telephone on-board

Guest signature for acceptance of the above mentioned conditions

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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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<p>GUESTS WHO NEED PERITONEAL DIALYSIS – Form A11 To be completed in CAPITAL LETTERS otherwise, the request could be refused</p>
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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 _____