

## SAFE Form - Special Requirements

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. Holland America Line and Worldwide Shore Services (WSS) will seek to the extent feasible to accommodate all passengers. This information may be provided to third parties, as needed. **IF YOU HAVE ANY QUESTIONS REGARDING THIS FORM, PLEASE CALL ANDREA SAVICKIS AT (844) 299-2686, OR SEND AN EMAIL TO ANDREAS@STARVISTALIVE.COM.**

Guest's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_ Guest's Phone: (\_\_\_\_\_) \_\_\_\_\_

Contact Email: \_\_\_\_\_ Ship: EURODAM Sail Date: 02/03/2018

I Have Booked Stateroom \_\_\_\_\_ Which  Is  Is Not a wheelchair accessible stateroom

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

Assistant's Name: \_\_\_\_\_ Cabin #: \_\_\_\_\_

### **Special Assistance Form for Entry (S.A.F.E.):**

I am confirmed in:  Early Dining / Late Show  Late Dining / Early Show Seat #: \_\_\_\_\_

I would like to request admittance to the theater as part of the SAFE seating program.  Yes  No

I can leave my wheelchair for seating at the nightly shows:  Yes  No

I cannot navigate steps (need to stay on flat surface):  Yes  No

**\*\*Please note: SAFE applications must be accompanied by a doctor's note and/or handicap placard. All SAFE seats will be located at the back of the theater. SAFE guests may enter after General Admission guests have been seated.\*\***

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

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

I am requesting a wheelchair for embarkation and disembarkation<sup>1</sup>:  Yes  No

I will require assistance embarking and disembarking the cruise ship at all ports:  Yes  No

I will bring a wheelchair<sup>1</sup>:  Yes  No I will have a wheelchair delivered:  Yes  No

Type of wheelchair<sup>2</sup>:  Fold-up  Electric  Scooter  Walker

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

### **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)<sup>5</sup>

**PLEASE FAX or EMAIL THE COMPLETED FORM TO (313) 565-3621 or [Andreas@starvitalive.com](mailto:Andreas@starvitalive.com).**

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 @ 877-478-7827 or Special Needs at Sea @ 800-513-4515, or bring their own.
4. Service animals must have all required immunizations and paperwork.
5. Persons undergoing CAPD (Peritoneal Dialysis) must arrange for delivery of their own solutions and supplies.