

**Disney Cruise Line**  
**GUEST MEDICAL INFORMATION**

TODAY'S DATE \_\_\_\_\_ SAIL DATE \_\_\_\_\_ SHIP \_\_\_\_\_

GUEST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE: \_\_\_\_\_ AGE \_\_\_\_\_ GENDER \_\_\_\_\_

RESERVATION NUMBER \_\_\_\_\_ STATEROOM \_\_\_\_\_

**MEDICAL INFORMATION**

PLEASE INFORM YOUR PHYSICIAN THAT THERE ARE LIMITED HEALTH CARE FACILITIES ON BOARD AND IN THE PORTS OF CALL. PLEASE HAVE YOUR PHYSICIAN PROVIDE THE FOLLOWING INFORMATION TO BE FORWARDED TO THE HEALTH CENTER ON BOARD SHIP.

**Current Medical Status:**

\_\_\_\_\_  
\_\_\_\_\_

**Medications:** \_\_\_\_\_  
\_\_\_\_\_

**Pregnancy:** If Guest is pregnant, please indicate number of weeks as of sail date listed above: \_\_\_\_\_

*Women who have entered their 24<sup>th</sup> week of pregnancy as of their sail date will be refused passage due to safety concerns.*

*Note: Failure to disclose accurate or complete description of any and all medical requirements may result in Disney Cruise Line not being able to provide the appropriate accommodations or arrangements or may result in the Guest being denied boarding at the terminal.*

PHYSICIAN'S SIGNATURE: \_\_\_\_\_

PHYSICIAN'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

OFFICE PHONE: \_\_\_\_\_

**SPECIAL NEEDS**

Will a wheelchair accessible stateroom on board the ship be required? YES NO

If you purchased a Disney Cruise Line Land/Sea package, will a wheelchair accessible resort room be required? YES NO

If you purchased ground transportation through Disney Cruise Vacations, will a wheelchair lift be required? YES NO

For wheelchair assistance at the airport please contact the appropriate airline.

Will guest be utilizing oxygen? \* YES NO \***Guests must provide their own oxygen supplies.**

Guests are responsible for notifying their air carrier of any oxygen requirements.

**Special Dietary Needs.** Disney Cruise Line can accommodate some special dietary needs, including providing no sugar added, vegetarian, low fat, low sodium and kosher meals at no additional charge. *Unfortunately, Disney Cruise Line may not be able to accommodate all special dietary needs requests.*

PLEASE MAIL OR FAX COMPLETED FORM AT LEAST 14 DAYS PRIOR TO SAIL DATE TO:

**Disney Cruise Vacations**

**Special Services Manager**

**P.O. Box 10210**

**Lake Buena Vista, Florida 32830-0210**

**FAX: 407-938-4295**