



GENERAL INFORMATION AND PERSONAL DATA(基本信息及个人资料) - Form A1

To be completed in **CAPITAL LETTERS** otherwise the request might be refused (大写字母填写)

Guest Name 姓名 _____ Age 年龄 _____ Nationality 国籍 _____

Booking nr.预定号 _____ Cabin nr.房间号 _____ Ship 船只 _____ Departure date 出发日期 _____

PLEASE READ CAREFULLY(请仔细阅读):

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

是否通过歌诗达公司购买航空服务？

Have you purchased a pre or post cruise package through Costa Cruises? 是否通过歌诗达公司购买行程礼包？ YES NO

是否通过歌诗达公司购买行程礼包？

If yes to either question above: accommodation will be made to the specific situation. 如果您符合上述任何一项，我们会根据您的特殊情况做安排

IMPORTANT NOTES (重要说明) :

- Please kindly note that our Medical Dept. if necessary, may request medical documentation or specific medical authorization to do the cruise. (如有需要, 船方医疗部会要求您提供医生证明或具体医疗授权)
- 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. (建议您携带病例上船以便船方医疗部为您提供医疗处理)
- Please remember to bring in your hand luggage all your necessary medications, in sufficient quantity for the entire cruise. (请您携带足够整个航次使用的药品)
- 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.(如您的药物需要注射请向船上工作人员索要存放容器)

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.

船上医疗设备有限, 如您需要船上提供治疗/设备, 请提前足够的时间提供尽可能多的信息以便我们安排。

Passenger Signature 乘客签字

Date 日期



GUESTS WITH ALLERGIES (过敏) – Form A9

To be completed in **CAPITAL LETTERS** otherwise the request might be refused (大写字母填写)

Are you allergic to any substances?
请问您是否有过敏?

YES 有

NO 没有

Is a life threatening allergy?

请问这个过敏是否威胁生命?

YES 是

NO 不是

Is this intolerance by contact or by ingestion of the element? 请问您的过敏是经接触还是摄入引发的?

Please list here below to which elements you are intolerant 请列举出您的过敏原:

Please bring with you any medicines that can help you overcoming the eventual and accidental contact or ingestion of the substance
请您随身携带药物以便及时处理意外接触或摄入过敏原。

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.

如您的过敏原是镍, 请必须自行携带锅碗厨具, 因为船上的厨具有可能含有一定比例的镍。

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

重要提醒: 请在登船当天联系餐厅经理并告知他您的特殊用餐需求。

如发生过敏反应, 请立刻通过船上任何地点的电话拨打 99 紧急医疗救助热线

Signature of the passenger for acceptance of the above mentioned conditions

乘客签字并接受上述条款 _____



