



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? 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



INFORMATION ABOUT MEDICAL CONDITIONS (医疗信息收集) - Form A2

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

Guest Name姓名 _____ Booking nr.预定号 _____ Ship船只 _____ Departure date 出发日期 _____

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.

尊敬的乘客,

为了保障您的自身安全和健康, 提前让我们知晓您的医疗状况是非常重要的。请您尽可能多的提供相关信息, 如有必要还可添加附件。

1) Do you have any illness or medical condition?请问您是否患有疾病或其他医疗状况? YES NO

If yes, please list them below and provide us with the A3 form completed by your doctor.如有, 请列举出来并由您的医生填写表A3

2) Do you take any medications?请问您是否正在服用药物? YES NO

If Yes, please list them below 如有, 请列举出来

Does any of your medications need to be refrigerated?请问您的药物是否需要冷藏? 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.如需要, 您房间内的迷你冰箱可以存放。如存放不下, 请告知您预定的旅行社, 我们将进一步查看船上是否有其他冰箱可以使用。

3) Do you have any disability? 请问您是否有伤残? YES NO

If Yes, please specify below 如有, 请列举出来

4) Do you require any assistance for your daily activities (i.e. dressing, washing, eating, walking, handling money etc.)?请问你日常活动中是否需要协助? (如穿衣, 洗澡, 用餐, 走路, 财务处理等) YES NO

If Yes, please specify below the name of the travel companion who will provide assistance to you during the cruise. 如需要, 请写出您此次航次同行者的全名

5) Will you bring liquid oxygen onboard? 您是否会携带液态氧上船? YES NO

If Yes, how many times do you need to refill the liquid oxygen cylinder? 如会, 请告知你多久需要重新住满储氧罐?

6) If you are undergoing CAPD (Peritoneal Dialysis), are you able to execute the procedure by yourself? 您是否在进行腹膜透析并且可以自行处理? YES NO

If NO, please specify the name of the travel companion who will provide assistance to you during the cruise: 如不能自行处理, 请写出您此次航次同行者的全名

Date (日期) :

Signature of the passenger (or legal guardian):

乘客签名 (或法定监护人签字) .



DOCTOR'S DECLARATION (医生证明) - Form A3

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

Guest Name姓名 _____ Booking nr.预定号 _____ Ship船只 _____ Departure date 出发日期 _____

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.

尊敬的医生,

您填写的信息将用于歌诗达邮轮公司医疗部门鉴定乘客是否适宜登船。如有必要请一并添加医疗报告。

请尽量使用此份表格填写并尽可能填写英语。您也可以使用其他模板或文件,只要能包含下列信息。

非常感谢您宝贵的时间。

1) Passenger's medical condition and possible complications (乘客的医疗状况及可能的并发症) :

2) Relevant medications (正在使用的相关药物) :

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

如乘客有精神病上的状况,请回答以下问题 :

a) Does the patient have any known suicidal tendency?病人是否有自杀倾向? YES NO

b) Is the patient at risk of aggressive or violent behavior病人是否有暴力倾向? YES NO

c) Does the patient suffer from anxiety or panic attacks which might be triggered or made worse by crowds or enclosed spaces? 病人是否有焦虑或由拥挤或密封空间引起或加重的恐惧症? YES NO

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

以我专业的角度,我在此证明上述乘客适合此次出行

Doctor's name and title医生名字和级别:

Date日期:

Signature and stamp签名盖章:

Address地址:

Telephone number地点:

Email address电子邮箱:.....



GUESTS WHO NEED PERITONEAL DIALYSIS (腹膜透析) – Form A11

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

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. 需要进行腹膜透析的客人全程必须自行完成透析手续或者有同行协助处理。

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. 腹膜透析治疗只能在客人房间内进行, 无法在医务室进行。加热设备(如需要)必须有CE认证标志, 并且不超过1000瓦。

Please indicate how many times a day you need to operate the Peritoneal Dialysis with heating device
请写出您一天需要进行几次腹膜透析

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.

重要: 所有歌诗达邮轮的船上房间里使用的电源插头电压为220-110V/60HZ。请确保您的设备可以正常使用。

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.

乘客声明: 我声明我已确认所携带的电子设备的电子规格, 根据船上220V, 60HZ的电压电频规格下, 我的电子产品可以正常工作和使用。

Any passengers undergoing CAPD (Peritoneal Dialysis) must arrange for the delivery of solutions and supplies.
需要进行腹膜透析的乘客必须自行安排好溶液和物料的运输。

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 如客人通过某公司将氧气瓶运上船, 必须提交以下信息以便安排登离船的物料运输:

- 1) Pro-forma invoice and a packing list of the material that will be delivered to the ship. 一张物料价值清单和物料清单
- 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. 将物料送至码头的车辆类型、车牌号已经司机身份证。相同的信息在离船那天收集材料时也需要再次提供。
- 3) A label must be placed on all boxes that will be embarked detailing 登船当天所有箱子上的标签需要写上以下信息:
 - Name of the Ship and date of departure of the cruise 船名以及航次出发日期
 - Name, surname and cabin number of the passenger 客人的姓、名、房间号

Guest will be advised about all expenses for embarking /disembarking the material or/and custom formalities.
客人将被告知登离船物料运输以及(或)海关手续的总费用。

Signature of the passenger for acceptance of the above mentioned conditions

乘客签字并接受上述条款 _____

