



**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. <sup>1</sup>

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) :**

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**2) Relevant medications (正在使用的相关药物) :**

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**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:.....

