

MOBILITY QUESTIONNAIRE



Our records indicate you will be traveling with a mobility device on your upcoming sailing. Please take a moment to fill out the below information so we can ensure proper arrangements are made for your cruise.

Booking Information

_____	_____	_____	_____	_____	_____	_____	_____
Title	First name	Middle name	Last name	Suffix			
_____	_____	_____	_____	_____	_____	_____	_____
Sail date	Ship name	Stateroom	Category	Booking#	Embarkation port	Disembarkation port	

Indicate what type of mobility device you will be traveling with on your cruise. Please select all that apply.

Mobility Device	Indicate Type of Device			Device Dimensions			
	Standard	Heavy Duty	Collapsible (Yes or No)	Weight	Width	Height	Length
Manual Wheelchair							
Power Wheelchair							
Scooter (3-wheel)							
Scooter (4-wheel)							
Walker / Rollator							

Please indicate if the mobility device is a rental to be delivered to the ship Yes NO

Please list any additional mobility equipment you intend to travel with (e.g. hoist, portable commode, etc.)

Mobility devices with batteries must be a dry cell, gel, or lithium-ion type and must be stored and recharged in the stateroom. Mobility devices of any kind, like other items, may not be left outside the stateroom. Please be sure that your mobility equipment is no wider than 22" if booked in a standard cabin or no wider than 31" if booked in an accessible cabin.

Mobility Status

Please indicate the usage of your mobility device by selecting one of the below options.

Full-time use Frequent use Part-time use Distance use

Are you able to negotiate steps on and off of a motorcoach? Yes No

If you answered no to the above question and a lift equipped vehicle is required for transportation, please list combined weight of passenger and device _____.

Are you able to transfer from your device to a seat? Yes No

Will you be traveling with a companion who is able to assist you? Yes No

Pre- and Post-cruise programs

If you are booked on a Cruisetour or pre or post cruise hotel stay (**excluding Alaska Cruisetours**), please let us know if you require an accessible hotel room.

I require Accessible hotel room Yes No

If you require specific features in your room please list them below.

If you are booked on an **Alaska Cruisetour**, please inform us regarding your room requirements below.

I require a ground floor lodge room (if elevator not available)? Yes No

I require an accessible lodge room? Yes No

Other _____

Please note, certain features may not be available at all hotel properties and cannot be guaranteed; however, we will make every effort to accommodate your request.

Please return this questionnaire to the following address **at least 60 days prior** to your departure

Princess Cruises, Attention Access Office
24305 Town Center Drive, Santa Clarita, CA 91355

Email: accessoffice@princesscruises.com
Fax: 661-284-4408

Note: At ports where a tender is used, wheelchair/scooter access is limited and disembarkation is at the discretion of the Captain.

Privacy notice: We respect your privacy and the personal information you provide us in this mobility questionnaire will be treated with our privacy policy. In order to facilitate your cruise, certain information may be required by and disclosed to certain organizations (e.g. fleet staff, or medical staff onboard) but only as necessary. You can access the personal information we have collected about you and obtain a copy of our privacy policy from our Privacy Officer. **We will not be able to facilitate the booking, carriage and administration of your cruise if you do not provide us with all the information requested on this form.**