# Health & Accessibility Form

In order to best accommodate you, this form should be completed and submitted to accessibilityservices@viking.com as soon as possible, either at the time of booking or at least 60 days prior to the commencement of your voyage. This will allow us to determine the best way to accommodate you and, so far as reasonably possible, make the necessary arrangements for your requested accommodations.

While we do not require information about the extent of your disability or special needs, the more information that you provide, the better we will be able to accommodate you and provide relevant information for your voyage. In the absence of timely notification, we may not be able to prepare for your needs to the fullest extent possible and cannot ensure requested accommodations will be available, though we will do our best to accommodate you.

**Submitting Your Form:** Viking is only able to accept forms as .pdfs and they must be attached to your email. For security reasons, Viking cannot access or open documents via a link to the cloud (such as Google docs, etc.). Forms sent in other formats will result in a delay or inability to process your request.

If your needs change prior to sailing, please notify us as soon as possible by submitting an updated form to accessibilityservices@viking.com or calling us at 1-877-668-4546.

**Please Note:** You do not need to complete this form if your request does not require special accommodation. Preferences such as dietary requirements, bedding preferences, and other standard onboard requests (see below) can be added through My Viking Journey by navigating to Onboard Experience > Preferences before your voyage.

- Special diet requests (celiac, gluten-free, lactose intolerant, low fat, etc.)
- Allergies that do not require medical intervention (including feather allergy, hypoallergenic bedding needed)
- Distilled water for CPAP/BPAP
- Shower chair
- Toilet seat riser
- Twin beds
- Extra pillows
- No alcohol in mini bar

## PASSENGER INFORMATION (GUEST REQUESTING ACCOMMODATION)

Last Name: First Name:

Booking No.: Date of Embarkation:

Guest Email: Guest Phone Number:

## TRAVELING COMPANION* (IF APPLICABLE)

Last Name: First Name:

Booking No.: Date of Embarkation:

Guest Email: Guest Phone Number:

*Please be advised that our crew will not assist with personal tasks such as eating, dressing, toileting, bathing or providing other extensive personal assistance. Our crew will also not lift guests or equipment weighing more than 50 pounds.

## MOBILITY EQUIPMENT

Please provide information about any mobility equipment that you plan to bring on board so we may ensure your mobility equipment can be accommodated in your stateroom. **Mobility devices may not exceed 22" in width or weigh more than 50 pounds.** All mobility devices must be stored and charged in your stateroom.

Be advised that there are certain ports where guests may not be able to use a mobility device to go ashore due to port infrastructure, safety risks or physical impediments. Transfers and shore excursions may also have additional restrictions on use of mobility devices.

### MOBILITY EQUIPMENT (CHECK ALL THAT APPLY)

If you only wish to bring a cane and/or trekking pole, you do not need to complete this form.

☐ Manual Wheelchair ☐ Motorized Wheelchair ☐ Motorized Scooter

☐ Walker ☐ Rollator ☐ Crutches

Other mobility equipment: _____

### ADDITIONAL INFORMATION ABOUT FULL-SIZE MOBILITY DEVICE

Brand/model: _____

Does your mobility device fold? ☐ Folding ☐ Non-folding

**Open dimensions in inches of your mobility device:**

| | |
|---|---|
| Width | Length |
| Height | Weight |

**Folded dimensions in inches of your mobility device:**

| | |
|---|---|
| Width | Length |
| Height | Weight |

Battery type (choose one): ☐ Gel Cell ☐ Dry Cell ☐ Wet Cell ☐ Lithium

Total weight (with battery if applicable): _____

Battery size and dimensions: _____

### ADDITIONAL MOBILITY INFORMATION* (CHECK ALL THAT APPLY)

☐ I am able to walk short distances and climb stairs.

☐ I am able to walk short distances, but I cannot manage any stairs.

☐ I cannot take any steps at all without a wheelchair/scooter. I am fully dependent on a wheelchair/scooter, and I am not able to ambulate without it.

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

Are you traveling with a companion who can assist you? ◯ Yes ◯ No

*This information is optional, but it is helpful to allow us to better accommodate you and prepare in the event an emergency evacuation becomes necessary. Please note that there are certain ports where guests may not be able to use a mobility device to go ashore due to port infrastructure, safety risks or physical barriers, including gangways with steps.

## ACCESSIBLE STATEROOM

If you have reserved an accessible stateroom*, please review and confirm the following:

☐ I require an accessible stateroom because I have a mobility disability or other disability that requires the use of the accessible features that are provided in the stateroom.

*Please be advised that accessible staterooms are subject to availability and should be reserved at the time of booking. Checking the box above does not reserve an accessible stateroom. Viking investigates and takes action on potential misuse of accessible staterooms.

## REQUESTED ACCOMMODATIONS (CHECK ALL THAT APPLY)

☐ Hearing kit for the stateroom (bed shaker, alarm clock, visual fire alarm, visual door bell)

☐ Over-the-ear headset for QuietVox

☐ ASL interpreter (subject to availability on U.S. itineraries)

☐ Large print menu

☐ Accessible eDocs (subject to availability)

Other requested accommodations _____

### SERVICE ANIMALS

If you plan to bring a service dog on board, please notify us as soon as possible and no later than 60 days prior to the commencement of your voyage by submitting the Service Animal Request Form to accessibilityservices@viking.com so that we can provide additional information about bringing your service dog on board.

### OTHER MEDICAL EQUIPMENT AND NEEDS

**Other Medical Equipment (Check All That Apply)**

Please provide information about any other medical equipment that you need to bring on board so that we may help ensure your needs can be accommodated during your voyage.

☐ Portable Oxygen Concentrator

Brand/Model/Specs

_____

_____

_____

☐ Dialysis equipment and supplies

Other medical equipment _____

**Other Medical Needs**

Do you require any medical treatment to be performed on board? ☐ Yes ☐ No

If yes, please provide information about any medical treatment that you need performed on board so that we can determine the best way to accommodate you and, so far as reasonably possible, make the necessary arrangements for your requested accommodations. Please be advised that the onboard medical team may request additional documentation or information from your physician if necessary to understand your equipment or treatment needs.

## ADDITIONAL INFORMATION

Please provide any additional information about your requested accommodations, disability or special needs that you wish to share with us.

The information you provide in this form will assist us, so far as reasonably possible, in accommodating you on your voyage with Viking. We will share information on this form only as required in order to fulfill that objective. For example, we may need to share certain information with select crew members and housekeeping staff. Where necessary, we may also share such information with certain third parties, including onboard medical facilities, airlines, ground transportation, land-based hotels and shore excursion providers. Such disclosure may include transfer of your information outside the United States where different rules apply to the use of personal data.