

GUEST'S ACKNOWLEDGEMENT OF CARNIVAL'S PREGNANCY POLICY AND ATTENDING PHYSICIAN'S PREGNANCY CERTIFICATION

CARNIVAL'S PREGNANCY POLICY: Pregnant guests who enter the 24th week of estimated fetal gestational age before or at any time during the cruise **will not** be allowed to sail. Pregnant guests, who will not enter the 24th week of estimated fetal gestational age before or at any time during the cruise, must submit, prior to departure, a letter from their attending physician certifying that their gestational status is in accordance with this policy, and that the expecting mother is fit to sail. Carnival will not accept any agreement or recommendation from the guest and/or her physician that the policy be waived.

RESPONSIBILITY TO TIMELY NOTIFY: As provided in the cruise ticket contract, the guest is solely responsible for notifying Carnival of her gestational status, and for being in full compliance with Carnival's pregnancy policy. **It is the guest's responsibility to provide this pregnancy certification form to her physician and to follow up with its timely completion and submittal to Carnival no later than 14 days prior to sailing.** Failure to submit the completed form will result in denial of boarding and no compensation will be provided. Carnival reserves the right to request at check-in a legible copy of the completed form; Guests who booked within 14 days of sail date must bring original with them for collection at embarkation.

TO BE COMPLETED BY GUEST:

Guest Name: _____

Booking Number _____ Ship Name: _____

PLEASE RETURN TO:

Carnival Cruise Lines
Guest Access Support
3655 NW 87th Avenue
Miami, FL 33178
specialneeds@carnival.com or
by fax to 1.800.5329225
(please hand carry original document.)

I, _____ [NAME], ACKNOWLEDGE CARNIVAL'S PREGNANCY POLICY, AND AGREE THAT IT IS MY RESPONSIBILITY TO NOTIFY AND UPDATE CARNIVAL OF MY GESTATIONAL STATUS, TO REQUEST MY PHYSICIAN TO TIMELY COMPLETE AND SUBMIT THIS PREGNANCY CERTIFICATION FORM, AND TO ENSURE OF ITS PROPER DELIVERY TO CARNIVAL'S SPECIAL NEEDS DEPARTMENT NO LATER THAN 14 DAYS PRIOR TO SAILING OR RISK DENIAL OF BOARDING WITHOUT COMPENSATION.

GUEST'S SIGNATURE

DATE

TO BE COMPLETED BY PHYSICIAN

PHYSICIAN'S INFORMATION

Name: _____ Phone: _____ Fax: _____

Address: _____ Email: _____

Guest has met the above pregnancy policy and is able to sail: Yes _____ No: _____

Her estimated date of delivery (EDD) is: _____

Gestational age as of today's date is: _____

The above named patient is under my obstetrical care. In my opinion, no obstetrical related contraindications currently exist nor are expected to develop for this patient to sail aboard the booked Carnival cruise sailing as referenced above.

Physician's Signature

Date