

探索星號旅客特殊需求申請表單



船名： Vessel：	目的地： Destination：	出發日期： Departure Date：
旅客姓名： Guest Name：	訂房代號： Booking Number：	房間號碼： Cabin Number：
請勾選下列特殊需求 Please tick for below special requirements		
胰島素針劑(是否需冰箱寄存胰島素 ☐ 是 ☐ 否) Insulin injections (Freezing required to suspend insulin? ☐ Yes ☐ No)		
攜帶輪椅需求(電動輪椅 ☐ 是 · 請註明長_____寬_____高_____充電瓦數_____ ☐ 否) Bring Wheelchair onboard (Electric wheelchair ☐ Yes · please specify the Lenth_____Width_____Hight_____Charging watt_____ ☐ No)		
睡眠呼吸中止症設備(請註明長_____寬_____高_____充電瓦數_____) Facilities for Sleep Apnea (Please specify the Lenth_____Width_____Hight_____Charging watt_____)		
腹膜透析儀器(請註明長_____寬_____高_____充電瓦數_____) Ambulatory Peritoneal Dialysis (Please specify the Lenth_____Width_____Hight_____Charging watt_____)		
洗澡椅凳 Bath stool		
兒童澡盆 Baby bathtub		
嬰兒床 Baby cribs		
其它： Others：		

備註：以上事項皆需事先提出需求，關於醫療儀器攜帶需求亦需備妥醫師診斷及中英文適航證明書且待船醫核准後放行。

Remark: Please send above request to your agent in advance if needed. If you intend to bring medical facilities onboard, please prepare the PHYSICIAN'S DECLARATION with fit for cruising in both Chinese and English, you will be allowed for boarding after ship doctor verify.