

Costa Crociere S.p.A.	Sistema di Gestione Aziendale	Rev. 4	
Code P2.07.03 MAN.01 MO01	P2 CRUISE MANAGEMENT MANUAL MANUAL FOR GUESTS WITH PARTICULAR MEDICAL NEEDS	Date 30/01/2026	Pag. 1

## Special needs information Form (SNIF)

<b>Passenger Name and Surname:</b>	
<b>Date of Birth:</b>	<b>Nationality:</b>
<b>Ship:</b>	<b>Departure Date:</b>
<b>Booking Nr.:</b>	<b>Cabin Nr.:</b>
<b>Contact Details (Email or Phone Number):</b>	
<b>Name and Surname of Companion or Legal Guardian (if required):</b>	

**Note:** A Companion may be necessary depending on health condition and/or reserved accommodation

Please read the '**Medical Information and Requirements for Costa Cruises Travelling**', **which is integral part of Costa's T&C**, BEFORE you answer this questionnaire. The guide will help to ensure that you answer fully and correctly. The present forms must be filled in and sent to the Costa Offices together with the *Subject's Consent to the processing of sensitive data* filled out in its entirety and signed by the guest or legal guardian. Please ensure this form is only completed for one person at a time and is filled out in BLOCK CAPITAL letters or typed.

### IMPORTANT NOTES:

- It is essential to disclose any physical or mental condition, a disability, illnesses or other needs requiring medical special arrangements, medical equipment/supplies or special care or assistance during the voyage. Failure to do so may result in being denied boarding or being disembarked from the ship or flight. We may request medical evidence to confirm your fitness for travel. For more details, please refer to our General Terms and Conditions.
- If you are undergoing medical treatment or have a condition that may require attention on board, or if you require any assistance, please provide us with detailed information at latest **40 days before departure** or at the moment of the booking.
- Doctor declaration must not be older than **3 months** (90 Days) from the date of departure.
- If your health condition or disability changes after submitting this form, you must contact us immediately to update us with any new information before your vacation.
- We recommend you carry a copy of your medical records (e.g., EKG, medication list, clinical records, etc.) to assist us should medical care be required during the trip.
- Please remember to bring all your required medications in your hand luggage, in sufficient quantity for the entire cruise.
- We strongly recommend obtaining additional travel insurance that covers medical emergencies, including evacuation if necessary.
- Please remember that it is your exclusive duty and responsibility to bring on board any medicines and/or equipment which you may need during the cruise, as such items may not be available from the on-board medical facilities. It is also your exclusive duty and responsibility to take your own medications as indicated by your own physician.

For more information's, please refer to the 'Medical Information and Requirements for Costa Cruises Travelling'

on our Web page or scanning this QR code:



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Code P2.07.03 MAN.01 MO01	P2 CRUISE MANAGEMENT MANUAL MANUAL FOR GUESTS WITH PARTICULAR MEDICAL NEEDS	Date 30/01/2026	Pag. 2

## Data Subject's Consent to the processing of sensitive data

For more information regarding the Privacy Policy, please refer to Privacy document on our Web page or scanning this QR code:



I, the undersigned ....., born in ..... on ..... and resident in ....., having read and examined the information provided by the Data Controller pursuant to Article 13 of the GDPR and aware in particular that processing will involve "special data" defined in Art. 9 of the GDPR:

- give my consent to the processing of my sensitive data necessary for provision of the services mentioned in the information sheet.

Place, Date .....

Signature.....

- give my consent to disclosure of the data to the parties mentioned in the information sheet.

Place, Date .....

Signature.....

Consent **of parent or guardian** in the case of processing of sensitive data pertaining to a minor or an incompetent adult

• I, the undersigned ....., born in ..... on ..... and resident in ....., in my capacity as the parent/guardian of ....., having read and examined the information provided by the Data Controller pursuant to Article 13 of the GDPR and aware in particular that processing will involve "special data" defined in Art. 9 of the GDPR:

- give my/our consent to the processing of sensitive data pertaining to ..... necessary for provision of the services mentioned in the information sheet.

Place, Date .....

Signature.....

- Give my/our consent to disclosure of the data to the parties mentioned in the information sheet.

Place, Date .....

Signature.....

**I confirm that the information provided below is true and accurate. I understand if my circumstances change, I need to update my details prior to travel. I have read and understand all aspects of the enclosed accompanying 'Medical Information and Requirements for Costa Cruises Travelling' guide and I agree to the terms of travel.**

Place, Date .....

Signature.....

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Code P2.07.03 MAN.01 MO01	P2 CRUISE MANAGEMENT MANUAL MANUAL FOR GUESTS WITH PARTICULAR MEDICAL NEEDS	Date 30/01/2026	Pag. 3

### **Medical assesment**

- **Do you have a medical condition that is not currently stabilized or a serious illness that could become unstable and require treatment during the voyage?**

(e.g. severe anaemia, significant cardiac, respiratory, or neurological conditions that required hospitalization in the past three months, surgeries or medical procedures in the last six weeks, cancer (currently undergoing treatment or palliative care), active or uncontrolled mental health conditions, severe kidney diseases.)

☐YES ☐NO

If yes, please submit the DOCTOR'S DECLARATION - Form A1, completed by your doctor.

- **Do you have any medical condition requiring life sustaining external medical devices?** (e.g. Ventilators, nutrition pumps, aspirator, etc.)

☐YES ☐NO

If yes, please submit the DOCTOR'S DECLARATION - Form A1, completed by your doctor.

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### **Medical assistance**

- **Do you have any of the following medical conditions?**

Please check the ones that apply

- ☐ Medical condition requiring use of injections (e.g. Insulin, Heparin, etc.)

➤ Do you require a "Container Syringes/Needles" ☐YES ☐NO

➤ Will you embark own sharp container? ☐YES ☐NO

**If so, please refer to section 3.12 of the 'Medical Information and Requirements for Costa Cruises Travelling'**

- ☐ Medical condition requiring Peritoneal dialysis treatment

**If so, please refer to section 3.3 of the 'Medical Information and Requirements for Costa Cruises Travelling'**

- ☐ Medical condition requiring use of an electronic medical device

☐ CPAP, BiPAP,

☐ Inhalation Machine

☐ Oxygen concentrators,

☐ Feeding pump

☐ Heating device

☐ Implanted pacemaker/defibrillator

☐ Other: \_\_\_\_\_

**If so, please refer to section 3.1 of the 'Medical Information and Requirements for Costa Cruises Travelling'**

- ☐ Medical condition requiring use of compressed Oxygen

**If so, please refer to section 3.4 of the 'Medical Information and Requirements for Costa Cruises Travelling'**

Please specify the number and size of cylinders you will be bringing on board:

Quantity of cylinders: \_\_\_\_\_ Size in Liters each cylinder: \_\_\_\_\_

Cylinder dimensions (length x width x height): \_\_\_\_\_

Weight (kgs): \_\_\_\_\_

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Code P2.07.03 MAN.01 MO01	P2 CRUISE MANAGEMENT MANUAL MANUAL FOR GUESTS WITH PARTICULAR MEDICAL NEEDS	Date 30/01/2026	Pag. 4

- ☐ Any medical condition or level of autonomy that requires assistance by a caregiver and /or legal guardian.

**If so, please refer to section 1.6 of 'Medical Information and Requirements for Costa Cruises Travelling'**

If yes, please submit the DOCTOR'S DECLARATION – Form A1, completed by your doctor

- ☐ Any medical condition that requires assistance by a certified working dog.

**If so, please refer to section 1.5 of the 'Medical Information and Requirements for Costa Cruises Travelling'**

If yes, please submit the DOCTOR'S DECLARATION – Form A1, completed by your doctor (not needed for guide dog for visually impaired)

- ☐ Do you carry medications that require refrigeration?

➤ Do you require a cool box (only for Costa Toscana and Costa Smeralda) ☐ YES ☐ NO

**If so, please refer to section 3.11 of the 'Medical Information and Requirements for Costa Cruises Travelling'**

### **Disability assistance**

Please check what applies

- ☐ **Impaired or limited mobility**
- ☐ Mobility scooter
  - ☐ Manual wheelchair
  - ☐ Electric wheelchair
  - ☐ Walking frame
  - ☐ Other.....

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Code P2.07.03 MAN.01 MO01	P2 CRUISE MANAGEMENT MANUAL MANUAL FOR GUESTS WITH PARTICULAR MEDICAL NEEDS	Date 30/01/2026	Pag. 5

Make and model: .....

➤ If electric, type of battery used:

- ☐ Gel-type
- ☐ Lithium batteries
- ☐ Dry batteries
- ☐

➤ Please detail the open and closed dimensions, height and weight of **your wheelchair, scooter:**

Closed: width: ..... cms Length: ..... cms Height: ..... cms

Open: width: ..... cms Length: ..... cms Height: ..... cms

Weight of wheelchair: ..... kgs      Weight of the guest: ..... kgs

Height from head to ground when seated on the wheelchair: ..... cms

➤ Please detail the open dimensions of your **walking frame:**

Width: ..... cms Length: ..... cms Height: ..... cms

➤ Please detail the open and closed dimensions, height and weight of your **hoist or lifter:**

Closed: width: ..... cms Length: ..... cms Height: ..... cms

Open: width: ..... cms Length: ..... cms Height: ..... cms

➤ Are you able to step up onto a bus by yourself? ☐YES ☐NO

**For additional Information's please refer to section 1.2 Of the 'Medical Information and Requirements for Costa Cruises Travelling'**

☐ **Impaired hearing (of any degree).**

**If so, please refer to section 1.3 Of the 'Medical Information and Requirements for Costa Cruises Travelling'**

- ☐ Would you like to have a SILENT CALL DEVICE in your cabin? ☐YES ☐NO

☐ **Impaired vision (of any degree).**

**If so, please refer to section 1.4 Of the 'Medical Information and Requirements for Costa Cruises Travelling'**

- ☐ Do you need to take your certified guide dog on board with you? ☐YES ☐NO
- ☐ Would you like to have a SILENT CALL DEVICE in your cabin? ☐YES ☐NO

☐ **Impaired speech (of any degree)**

**If so, please refer to section 1.3 Of the 'Medical Information and Requirements for Costa Cruises Travelling'**

- ☐ Would you like to have a SILENT CALL DEVICE in your cabin? ☐YES ☐NO

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Costa Crociere S.p.A.	Sistema di Gestione Aziendale	Rev. 4	
Code P2.07.03 MAN.01 MO01	P2 CRUISE MANAGEMENT MANUAL MANUAL FOR GUESTS WITH PARTICULAR MEDICAL NEEDS	Date 30/01/2026	Pag. 6

### **Emergency assistance**

- In the unlikely event of an emergency on board, will you require assistance from our staff to go to your assembly point? ☐YES ☐NO

If yes, please indicate which applies:

- ☐ I cannot use the stairs so would require an evacuation chair or stretcher  
☐ I weigh more than 120kg  
☐ I weigh more than 150kg

**For additional information's please refer to section 1.8 of the 'Medical Information and Requirements for Costa Cruises Travelling'**

### **Travel assistance**

Do you require assistance traveling to the ship? ☐YES ☐NO

Have you purchased air transportation through Costa Cruises? ☐YES ☐NO

Have you purchased a pre or post cruise package through Costa Cruises? ☐YES ☐NO

If yes, please provide us with the FORM FOR AIR - GROUND TRANSPORT - Form A2.

### **Allergies**

Do you have any food allergy? ☐YES ☐NO

**If so, please refer to section 5 of 'Medical Information and Requirements for Costa Cruises Travelling'**

If yes, please submit the ALLERGIES FORM - Form A3

For more information's, please refer to the 'Medical Information and Requirements for

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Costa Crociere S.p.A.	Sistema di Gestione Aziendale	Rev. 4	
Code P2.07.03 MAN.01 MO01	P2 CRUISE MANAGEMENT MANUAL MANUAL FOR GUESTS WITH PARTICULAR MEDICAL NEEDS	Date 30/01/2026	Pag. 7

## DOCTOR'S DECLARATION – Form A1

To be completed by your family doctor or specialist

Guest Name \_\_\_\_\_  
 Booking nr. \_\_\_\_\_ Ship \_\_\_\_\_  
 Departure date \_\_\_\_\_

Dear Doctor,

Please evaluate the guest's medical condition in relation to the upcoming cruise. When conducting your assessment, kindly consider that the onboard medical facilities have limited treatment capabilities, and patients may experience prolonged periods without access to specialized medical services. It is crucial that this evaluation is thorough to ensure the guest's safety and well-being during the cruise. Additionally, consider that the high density of travellers within an enclosed environment increases their susceptibility to infectious agents.

PLEASE WRITE IN CAPITAL LETTERS AND, IF POSSIBLE, IN ENGLISH. Alternatively, you may provide the information in a different document, provided that all the points below are addressed.

For patients currently treated with **medical marijuana**, a non-marijuana related substitute must be found prior to boarding. Medical marijuana is currently a prohibited item that cannot be brought onboard.

- Does the patient suffer from an unstable medical condition, which may require treatment on board?

If Yes, please list the medical condition and relevant medications

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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Costa Crociere S.p.A.	Sistema di Gestione Aziendale	Rev. 4	
Code P2.07.03 MAN.01 MO01	P2 CRUISE MANAGEMENT MANUAL MANUAL FOR GUESTS WITH PARTICULAR MEDICAL NEEDS	Date 30/01/2026	Pag. 8

- Does the patient suffer from a condition that requires assistance from a caregiver or legal guardian when traveling?

*If yes, please specify the name of the travel companion able to provide assistance to the guest:*

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- Does the patient suffer from a medical condition requiring the assistance of a certified working or guide-dog?

*If yes, please specify the condition:*

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**Based on the conditions listed above, I confirm that, in my professional judgment, the passenger**  
-----  
**has no medical, surgical or psychiatric contraindication to the planned cruise at sea.**

Doctor's name and title:

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Date, Signature and stamp:

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Address: \_\_\_\_\_

Email address: \_\_\_\_\_

Phone number: \_\_\_\_\_

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Code P2.07.03 MAN.01 MO01	P2 CRUISE MANAGEMENT MANUAL MANUAL FOR GUESTS WITH PARTICULAR MEDICAL NEEDS	Date 30/01/2026	Pag. 9

## FORM FOR AIR – GROUND TRANSPORT – Form A2

To be completed in CAPITAL LETTERS otherwise the request might be refused.

Costa Crociere would like to ensure that your transport by air / ground transportation, for reaching the main ports, from which your cruise will depart, will be as pleasant and as satisfactory as possible.

For that reason, conforming to the security regulations is very important to verify the extent of your disability.

Please choose among the following conditions:

- ☐ I can ascend and descend steps and move in the aircraft cabin, but I require a wheelchair for distance to/from the aircraft (WCHR)
- ☐ I cannot ascend and descend steps. I must be carried up/down the steps but I'm able to make my own way to/from cabin seat I'm not able to walk for long distances (WCHS)
- ☐ I'm completely immobile and I require a wheelchair to/from the aircraft, and I must be carried up/down the steps and to/from their cabin seat (WCHC)

If you need to bring with you your personal wheelchair, please select the type here below:

- ☐ Mobility scooter
- ☐ Manual wheelchair
- ☐ Electric wheelchair
- ☐ Walking frame

Make and model: \_\_\_\_\_

(**Note:** for Mobility scooter and Electric wheelchair data sheet required)

➤ If electric, type of battery used:

- ☐ Gel-type
- ☐ Lithium batteries

How many are needed? ..... Watt? ..... Are they spillable? .....

Please detail the open and closed dimensions, height and weight:

Closed: width: ..... cms Length: ..... cms Height: ..... cms

Open: width: ..... cms Length: ..... cms Height: ..... cms

Weight of wheelchair: ..... kgs

➤ Are you able to step up onto a bus by yourself?

☐ YES ☐ NO

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Costa Crociere S.p.A.	Sistema di Gestione Aziendale	Rev. 4	
Code P2.07.03 MAN.01 MO01	P2 CRUISE MANAGEMENT MANUAL MANUAL FOR GUESTS WITH PARTICULAR MEDICAL NEEDS	Date 30/01/2026	Pag. 10

(**Note:** for collective transfer is allow only foldable wheelchair with maximum weight 20kg)

**For additional Information's please refer to section 1.2 Of the 'Medical Information and Requirements for Costa Cruises Travelling'**

For ground transportation organized by Costa, please specify whether you are able to get on the bus by yourself or with an able-bodied accompanying person traveling with you. In the event that you are not able to get on the bus by yourself (or accompanied), the collective transfer cannot be provided and will be cancelled from the reservation without any penalty.

You can then choose to reach the pier on your own or request a personalized transfer (Handivan) that will be quoted ad hoc.

Moreover, in case of personalized transfers airport/port/airport, it is also necessary to provide:

- Weight of the guest when sitting on the wheelchair..... kgs
- Height from head to ground when seated on the wheelchair: ..... cms

### **Medical condition requiring use of injections**

Do you need to use injections on board the aircraft during the flight? ☐YES ☐NO

**Note:** In case you transport syringes and medicines in your hand-baggage (carry-on baggage) it is necessary to have a medical certificate with you, written in English, which certifies that you need to bring syringes/medicines with you, the quantity, the dose and the way you administer the medication.

If you are going to bring syringes in your bag hand-luggage, please indicate:

How many syringes are you going to bring with you? .....

How much liquid in the medicine? .....

(**Note:** max. 100 ml per piece)

Are you bringing with you a cooler box or bag with dry ice or ice block? ☐YES ☐NO

If yes, please indicate:

- dimensions of the box/ bag (length, width, depth) .....
- weight.....

If yes, do you use iced water or dry ice? .....

**Note:** dry ice is classified as a hazardous material so you can bring it with a common limit of up to 2.5 kg per person.

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Costa Crociere S.p.A.	Sistema di Gestione Aziendale	Rev. 4	
Code P2.07.03 MAN.01 MO01	P2 CRUISE MANAGEMENT MANUAL MANUAL FOR GUESTS WITH PARTICULAR MEDICAL NEEDS	Date 30/01/2026	Pag. 11

### **ELECTRICAL MEDICAL DEVICE**

Do you need to bring with you an electronic medical device to use onboard the flight? ☐YES ☐NO

What kind of device?

☐ CPAP, BiPAP

☐ Oxygen concentrators (POC)

☐ Other: \_\_\_\_\_

Do you need to use it onboard the flight? ☐YES ☐NO

Do you need an electrical socket to use on the plane to recharge it? ☐YES ☐NO

**Note:** for POC data sheet required

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Code P2.07.03 MAN.01 MO01	P2 CRUISE MANAGEMENT MANUAL MANUAL FOR GUESTS WITH PARTICULAR MEDICAL NEEDS	Date 30/01/2026	Pag. 12

## ALLERGIES – Form A3

<b>Passenger Name and Surname:</b>	
<b>Date of Birth:</b>	<b>Nationality:</b>
<b>Ship:</b>	<b>Departure Date:</b>
<b>Booking Nr.:</b>	<b>Cabin Nr.:</b>
<b>Contact Details (Email or Phone Number):</b>	
<b>Name and Surname of Companion or Legal Guardian (if required):</b>	

**Note:** A Companion may be necessary depending on health condition and/or reserved accommodation

Please read the **'Medical Information and Requirements for Costa Cruises Travelling'**, which is integral part of **Costa's T&C**, BEFORE you answer this questionnaire. The guide will help to ensure that you answer fully and correctly. The present forms must be filled in and sent to the Costa Offices together with the *Subject's Consent to the processing of sensitive data* filled out in its entirety and signed by the guest or legal guardian. Please ensure this form is only completed for one person at a time and is filled out in BLOCK CAPITAL letters or typed.

### IMPORTANT NOTES:

- It is essential to disclose any physical or mental condition, a disability, illnesses or other needs requiring medical special arrangements, medical equipment/supplies or special care or assistance during the voyage. Failure to do so may result in being denied boarding or being disembarked from the ship or flight. We may request medical evidence to confirm your fitness for travel. For more details, please refer to our General Terms and Conditions.
- If you are undergoing medical treatment or have a condition that may require attention on board, or if you require any assistance, please provide us with detailed information at latest **40 days before departure** or at the moment of the booking.
- Doctor declaration must not be older than **3 months** (90 Days) from the date of departure.
- If your health condition or disability changes after submitting this form, you must contact us immediately to update us with any new information before your vacation.
- We recommend you carry a copy of your medical records (e.g., EKG, medication list, clinical records, etc.) to assist us should medical care be required during the trip.
- Please remember to bring all your required medications in your hand luggage, in sufficient quantity for the entire cruise.
- We strongly recommend obtaining additional travel insurance that covers medical emergencies, including evacuation if necessary.
- Please remember that it is your exclusive duty and responsibility to bring on board any medicines and/or equipment which you may need during the cruise, as such items may not be available from the on-board medical facilities. It is also your exclusive duty and responsibility to take your own medications as indicated by your own physician.

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Costa Crociere S.p.A.	Sistema di Gestione Aziendale	Rev. 4	
Code P2.07.03 MAN.01 MO01	P2 CRUISE MANAGEMENT MANUAL MANUAL FOR GUESTS WITH PARTICULAR MEDICAL NEEDS	Date 30/01/2026	Pag. 13

## Data Subject's Consent to the processing of sensitive data

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- give my consent to the processing of my sensitive data necessary for provision of the services mentioned in the information sheet.

Place, Date .....

Signature.....

- give my consent to disclosure of the data to the parties mentioned in the information sheet.

Place, Date .....

Signature.....

Consent **of parent or guardian** in the case of processing of sensitive data pertaining to a minor or an incompetent adult

• I, the undersigned ....., born in ..... on ..... and resident in ....., in my capacity as the parent/guardian of ....., having read and examined the information provided by the Data Controller pursuant to Article 13 of the GDPR and aware in particular that processing will involve "special data" defined in Art. 9 of the GDPR:

- give my/our consent to the processing of sensitive data pertaining to ..... necessary for provision of the services mentioned in the information sheet.

Place, Date .....

Signature.....

- Give my/our consent to disclosure of the data to the parties mentioned in the information sheet.

Place, Date .....

Signature.....

**I confirm that the information provided below is true and accurate. I understand if my circumstances change, I need to update my details prior to travel. I have read and understand all aspects of the enclosed accompanying 'Medical Information and Requirements for Costa Cruises Travelling' guide and I agree to the terms of travel.**

Place, Date .....

Signature.....

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Costa Crociere S.p.A.	Sistema di Gestione Aziendale	Rev. 4	
Code P2.07.03 MAN.01 MO01	P2 CRUISE MANAGEMENT MANUAL MANUAL FOR GUESTS WITH PARTICULAR MEDICAL NEEDS	Date 30/01/2026	Pag. 14

### **Allergies**

- Do you have any **food** allergy? ☐YES ☐NO

**If so, please refer to section 5 of 'Medical Information and Requirements for Costa Cruises Travelling'**

If Yes please specify:

- ☐ Cereals containing gluten (e.g., wheat, rye, barley, oats, spelt, kamut)
- ☐ Crustaceans (e.g., prawns, crabs, lobsters)
- ☐ Molluscs (e.g., clams, mussels, whelks, oysters, snails)
- ☐ Eggs
- ☐ Fish
- ☐ Peanuts
- ☐ Soybeans
- ☐ Milk (including lactose)
- ☐ Nuts (e.g., almonds, hazelnuts, walnuts, cashews, pecans, brazil nuts)
- ☐ Celery
- ☐ Mustard
- ☐ Sesame seeds
- ☐ Sulphur dioxide and sulphites (at concentrations of more than 10 mg/kg or 10 mg/litre)
- ☐ Lupin
- ☐ Other .....

**Note:** Despite the utmost care in selecting and processing food, the possibility of cross-contamination cannot be completely excluded. On the day of embarkation, please consult with the Maître'd to report your dietary needs. It is indispensable to bring with you any medications that might be useful in case of accidental contact or consumption of allergens, such as your Epipens. In the event of an allergic reaction, please immediately call the onboard medical emergency number (99) from any phone on the ship

- Have you ever had any anaphylactic reaction to an allergen? ☐YES ☐NO

If yes, please specify: .....

- Do you have any environmental or contact allergy (dust, detergents)? ☐YES ☐NO

If yes, please specify: .....

**If so, please refer to section 5.3 of "Medical Information and Requirements for Costa Cruises Travelling"**

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Costa Crociere S.p.A.	Sistema di Gestione Aziendale	Rev. 4	
Code P2.07.03 MAN.01 MO01	P2 CRUISE MANAGEMENT MANUAL MANUAL FOR GUESTS WITH PARTICULAR MEDICAL NEEDS	Date 30/01/2026	Pag. 15

In case of **allergy to medications** please inform the medical center staff directly about your allergy during medical visits.

## PRIVACY NOTICE CONCERNING PROCESSING OF COMMON AND SPECIAL CATEGORIES OF PERSONAL DATA

Pursuant to Article 13 of the Regulation (EU) 2016/679 (hereinafter "**GDPR**"), Costa Crociere S.p.A. (hereinafter, also "**Costa Crociere**") informs You that your personal data, including special categories of personal data (such as your – or of a person for whom you are the parent or guardian – state of physical or mental health – e.g., a disability, disease risk, medical history, clinical treatments, food allergies etc.), either provided by You directly at the time of booking and/or purchasing the tourism package or otherwise acquired in connection with or during Your cruise (hereinafter, also, the "**Data**"), will be processed in compliance with the provisions of the GDPR and of the applicable local privacy law.

### Data controller

The data controller is Costa Crociere S.p.A. with registered office in Genoa, Piazza Piccapietra, no. 48.

### Data protection officer

The data protection officer ("**DPO**") can be contacted at the following addresses: [privacy@costa.it](mailto:privacy@costa.it) and/or at Costa Crociere S.p.A., Piazza Piccapietra 48, Genoa.

### Purposes of processing and legal basis

Your personal data will be processed for the following purposes:

- a) to finalise, manage and execute the contractual arrangements between you and Costa Crociere, including the provision of additional healthcare and related services requested by You (legal basis: Article 6(1) lett. b) and Article 9(2) lett. a) of the GDPR);
- b) to determine your fitness to take a cruise, given the limited availability of medical care on board and security issues (legal basis: Article 6(1) lett. d) and Article 9(2) lett. a) of the GDPR);
- c) to comply with EU laws, applicable local regulations, legislation and requirements, as well as orders issued by the relevant authorities (legal basis: Article 6(1) lett. c) and Article 9(2) lett. b) of the GDPR);
- d) to ascertain, exercise and/or defend a right in a Costa Crociere or third-party court (legal basis: Article 6(1) lett. f) and Article 9(2) lett. f) of the GDPR).

### Nature of data provision and consequences arising out of any refusal

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For more information's, please refer to the 'Medical Information and Requirements for

Costa Cruises Travelling' on our Web page or scanning this QR code:



Costa Crociere S.p.A.	Sistema di Gestione Aziendale	Rev. 4	
Code P2.07.03 MAN.01 MO01	P2 CRUISE MANAGEMENT MANUAL MANUAL FOR GUESTS WITH PARTICULAR MEDICAL NEEDS	Date 30/01/2026	Pag. 16

Provision of Data is necessary insofar as Your care may require specific medical attention and for the purpose of the performance of the passage contract; failure to provide such data may prevent Costa Crociere from fulfilling its contractual obligations and/or result in You being refused passage.

#### **Personal data recipient categories**

The Data may be disclosed solely for the aforementioned purposes, to the following categories of parties:

- the internal staff of Costa Crociere, expressly authorised to process Data;
- suppliers and/or concessionaires of Costa Crociere who on board the ships and ashore provide services required during the cruise (e.g. Port Agents, etc.);
- persons, companies, associations or professional firms that provide assistance and consultancy services or activities in favour of Costa Crociere (for example, accountants, doctors, lawyers, tax consultants, auditors, consultants in auditing or due diligence operations, etc.);
- persons or companies that provide support and/or services to Costa Crociere (e.g. IT services) and/or commercial partners of Costa Crociere (e.g. travel agencies, airlines, service providers);
- parties whose right to access your data is recognised by provisions of the law and secondary regulations or by provisions issued by authorities empowered to do so by law, including port authorities in places of disembarkation;
- companies belonging to the same corporate group as Costa Crociere, also located abroad (including Carnival group companies).

The list of persons and entities to which your data have been disclosed is available at the company at the following addresses: [privacy@costa.it](mailto:privacy@costa.it) or Costa Crociere S.p.A., Piazza Piccapietra, no. 48, 16121 Genoa, to the attention of the data Protection officer

#### **Transfer of personal data outside the European Union.**

Your Data may be transferred abroad to third parties belonging or not belonging to the European Union, always for the above-mentioned purposes.

In case of transfer of Data to countries outside the European Union, these countries will guarantee, pursuant to Article 45 et seq. of the GDPR, an adequate level of protection on the basis of a specific decision of the European Commission, or alternatively the recipient will be contractually obliged to protect the data with a level of protection that is adequate and comparable to the protection provided by the GDPR.

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Costa Crociere S.p.A.	Sistema di Gestione Aziendale	Rev. 4	
Code P2.07.03 MAN.01 MO01	P2 CRUISE MANAGEMENT MANUAL MANUAL FOR GUESTS WITH PARTICULAR MEDICAL NEEDS	Date 30/01/2026	Pag. 17

In particular, your data may be transferred, by way of example, to companies of the group to which Costa Crociere belongs, also located in non-EU countries (e.g., United States), countries of destination of your cruise, respective port authorities or different authorities to which the communication of personal data is required by a rule of law or by international conventions of maritime law etc. The list of subjects to whom the data is communicated may be requested at the following addresses: [privacy@costa.it](mailto:privacy@costa.it) or Costa Crociere S.p.A., Piazza Piccapietra, n. 48, 16121 Genoa.

#### **Retention of personal data**

Personal data will be retained for no longer than is necessary to fulfil the purposes for which it was collected and processed. Personal data will be retained for the duration of the contract concluded by you, and for a period thereafter:

- 1) within the terms established by legislation in force;
- 2) within the terms established by legislation, including secondary legislation, that requires the retention of data (e.g. tax returns);
- 3) for the period necessary to protect the rights of the data controller in the event of any disputes relating to the provision of services.

#### **Data subject rights**

At any time, in accordance with articles 15 to 22 of the GDPR, you are entitled to:

- a) access your personal data;
- b) request your personal data to be rectified;
- c) withdrawal, at any time, your consent to the use and disclosure of your personal data;
- d) request your personal data to be erased;
- e) receive the personal data concerning you in a structured, commonly used and machine - readable format, as well as the right to send your data to another data controller;
- f) oppose the processing of personal data concerning you for marketing or profiling purposes;
- g) obtain restriction on the processing of personal data;
- h) lodge a complaint with a supervisory authority;
- i) receive a notification, when required by law, whenever there is a personal data breach;
- j) request information about:
  - i. the purposes of processing;
  - ii. the categories of personal data;

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Code P2.07.03 MAN.01 MO01	P2 CRUISE MANAGEMENT MANUAL MANUAL FOR GUESTS WITH PARTICULAR MEDICAL NEEDS	Date 30/01/2026	Pag. 18

- iii. the recipients or categories of recipients to whom personal data have been or will be disclosed, specifically, whenever data have been sent to recipients in third countries or international organizations and the existence of adequate guarantees;
- iv. the period personal data shall be retained;
- v. whenever data have not been collected from the data subject, all information regarding their origin.

You may exercise these rights and/or obtain further information about personal data processing, by sending an e-mail to: [privacy@costa.it](mailto:privacy@costa.it) or by writing to Costa Crociere S.p.A. Piazza Piccapietra 48, 16121 Genoa, to the attention of the data protection officer.

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