



Dear Olivia Traveler,

At Olivia, we are committed to providing amazing vacations for all guests with disabilities and/or specific needs, to the extent that is possible.

Olivia does not discriminate against anyone on the basis of disability. We strive, to the extent possible, to accommodate guests with disabilities and/or specific needs.

Guests who are unable to care for their basic needs (e.g. dressing, eating, and attending safety drills) **MUST** have a capable traveling companion. The medical and/or Olivia staff on our vacations are not available for daily care.

In limited situations, we may find it necessary to ask the guest to make alternative travel arrangements, such as if a guest with a disability and/or specific needs is unable to satisfy certain specified safety and other criteria.

For guests with disabilities and/or specific needs, please complete the following questionnaire and fax it to 415-962-5710 or scan and email it to **guestservices@olivia.com**.

If you have any questions, please email **guestservices@olivia.com** or call 800-631-6277 or 415-962-5700 and select option 2.

Thank you,

Jeri Umble
Sr. Director, Customer Care

OLIVIA SPECIFIC NEEDS QUESTIONNAIRE

Guest's Name: _____
Trip Name: _____
Reservation No.: _____

For Guests with Mobility Impairments: *(Check the appropriate box)*

- I Will Bring A Wheelchair: Yes Type Foldup Electric Scooter
- Wheelchair/Scooter dimensions: Weight ___ lbs. Width ___ in. Height ___ in.
- My Weight is _____
- I am ambulatory: Yes No
- I will bring a walker: Yes No
- I will bring a cane: Yes No
- I can walk without needing to rest for: _____ Yards
- I can stand without needing to sit down for: _____ Minutes
- I can step up onto a bus: Yes No
- I need hydraulic lift equipment for transportation for tour or transfer: Yes No

For Guests with Diabetes or those who use other injectable medications or medications that require refrigeration:

- My diabetes is controlled through: Medication Diet (as noted above)
- I require access to refrigerated medicine every _____ hours
- I Need Hypodermic Disposal Facilities Yes No

For Guests with Severe Allergic Reactions to Food or Medicine:

- I am severely allergic to: _____
- I carry an Epi-pen: Yes No
- I wear a medical alert bracelet or necklace: Yes No

For all other specific needs, please describe them here:
