



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 submit 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,

Olivia Guest Services

OLIVIA SPECIFIC NEEDS QUESTIONNAIRE

Guest's Name: _____

Trip Name: _____

Olivia 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 using 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 Guests with Specific Hearing Needs:

- I need an ASL Interpreter: ☐ Yes ☐ No
- I need special seating accommodations: ☐ Yes ☐ No

For all other specific needs, please describe them here:
