

**GUEST'S ACKNOWLEDGEMENT OF CARNIVAL'S PREGNANCY POLICY AND ATTENDING PHYSICIAN'S PREGNANCY CERTIFICATION CARNIVAL'S PREGNANCY POLICY:** Pregnant guests who enter the 24<sup>th</sup> 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 24<sup>th</sup> 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.

**IMPORTANT: Zika virus infection during pregnancy can cause serious birth defects, you should discuss with your healthcare provider prior to booking travel to areas with active Zika transmission. Please visit the FAQ section of [carnival.com](http://www.carnival.com) to learn more about the mosquito-borne Zika virus as well as visit the U.S. Centers for Disease Control website for important information. <http://wwwnc.cdc.gov/travel/notices>**

**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: \_\_\_\_\_ Guest E-Mail: \_\_\_\_\_

Booking Number \_\_\_\_\_ Ship Name: \_\_\_\_\_ Sail Date: \_\_\_\_\_

**PLEASE RETURN TO:**

ATTN:Matt Eberle  
LoveLikeYouMeanIt Cruise 5800  
Ranch Drive  
Little Rock, AR 72223  
[lovelikeyoumeanit@familylife.com](mailto:lovelikeyoumeanit@familylife.com)  
or by fax to 1.501.7252047  
**(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 requirements of this policy and will not enter the 24<sup>th</sup> week of estimated fetal gestational age before or at any time during the cruise: 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