Questionnaire for Registration of Medications and Syringes

Passenger details:

Full name: _____

Booking details

Booking number: _____ Cruise number: _____

Medication details: *

Name of medication: _____

Quantity: _____ Package dimensions in cm: _____

How transported: O Carry-on baggage O Checked-in baggage

Details of syringe: *

Name of medication: _____

Type of syringe: _____ Quantity of syringes: _____

O Medications/syringes require refrigeration in transit*

Type of refrigeration: _____ Weight of container in kg: _____

Dimensions in cm (height, width, depth): _____

Please bring a medical certificate or supporting letter from your doctor in both English and German.

*Please ensure appropriate disposal of your used syringes.
*Please make your own arrangements for refrigeration of your syringes/injectable medications during the flight (if they need to be kept chilled). Syringes cannot be kept in the onboard refrigerator.
*For refrigeration on board the ship, you are welcome to use the minibar.
*If you don't need to use the medications/syringes during the flight, we recommend that they be transported in your checked-in baggage (no registration required).

The details required may vary from airline to airline. Some airlines may require additional information. We will contact you if this is the case.

Please complete, sign and return this form without delay to your travel agent or to us at the following email address: **salesteam@hl-cruises.com.**

I hereby confirm that the details provided are complete and correct.

Date: _____ Passenger's signature: _____

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