



MEDIF - MEDICAL INFORMATION FORM

1. Patient (Name / First name)			
VASHAKMADZE Gocha			
Number	Date of Birth	Gender	
721 795	13MAY65	male	
2. Medical expert (First name / Name)			
Adrian Businger			
Address/E-Mail		Phone contact number (+prefix) preferably mobile phone	
oseara@hin.ch		+41 44 803 95 70	
3. Diagnosis in details (including date of onset of current illness, episode or accident and treatment)			
Documents submitted by SwissRepat 200901 11.19: 32 pages. F11.2, Z51.83, E11.9, F43.1, B18.2. ED unbekannt. Pharmakotherapie.			
Documents requested by OSEARA / further clarifications submitted to SwissRepat done by the responsible Canton: -			
Is the illness contagious?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Suicidality?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	n.a. <input checked="" type="checkbox"/>
Indication of hunger strike?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	n.a. <input checked="" type="checkbox"/>
Nature and date of any recent and/or relevant surgery.			
keine Angaben			
4. Current symptoms and severity			
keine aktuelle Angaben			
5. Escort			
a. Is the patient fit to travel unaccompanied?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
b. If no, who should escort the patient?	Doctor <input type="checkbox"/>	Nurse <input type="checkbox"/>	Other <input type="checkbox"/>
6. Mobility			
a. Is the patient able to walk without assistance?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
b. Wheelchair required for boarding.			
WCHR <input type="checkbox"/>	WCHS <input type="checkbox"/>	WCHC <input type="checkbox"/>	



MEDIF - MEDICAL INFORMATION FORM

7. Medication list needed during flight	
8. Current medication	
Methadon am Abflugtag, Seresta	
9. Reserve medication	
Ibuprofen, Lixiana	
10. Other medical information	
If the person has a fever, cough, breathing difficulties, the person must be tested for SARS-CoV 2 48 hours before returning.	
11. Special Assistance Form SAF	
A. Ambulance from airport:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
B. Assistance required upon arrival:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
C. Other grounds support required:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
D. Specific needs/support/equipment (incl. own equipment) required upon arrival:	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
If yes, please give further information: →	
Medical expert signature and stamp	Adrian Peter 1 Businger <small>Digital unterschrieben von Adrian Peter Businger Datum: 2020.09.03 07:35:12 +02'00'</small>
Place and date	ZHR, 200903



MEDIF - MEDICAL INFORMATION FORM

1. Patient (Name / First name)						
ALAVIDZE Gia						
Number	Date of Birth	Gender				
712 556	23SEP76	male				
2. Medical expert (First name / Name)						
Adrian Businger						
Address/E-Mail	Phone contact number (+prefix) preferably mobile phone					
oseara@hin.ch	+41 44 803 95 70					
3. Diagnosis in details (including date of onset of current illness, episode or accident and treatment)						
Documents submitted by SwissRepat 200901 15.46: 13 pages. M19.17, M17.1, E14.90 ED unbekannt, Pharmakotherapie.						
Documents requested by OSEARA / further clarifications submitted to SwissRepat done by the responsible Canton: -						
Keine Informationen bezüglich Vorhandensein oder Abklärungen einer infektiösen Erkrankung vorhanden.						
Is the illness contagious?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
Suicidality?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	n.a.	<input checked="" type="checkbox"/>
Indication of hunger strike?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	n.a.	<input checked="" type="checkbox"/>
Nature and date of any recent and/or relevant surgery.						
keine Angaben						
4. Current symptoms and severity						
Schmerzen						
5. Escort						
a. Is the patient fit to travel unaccompanied?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>		
b. If no, who should escort the patient?	Doctor	<input type="checkbox"/>	Nurse	<input type="checkbox"/>	Other	<input type="checkbox"/>
6. Mobility						
a. Is the patient able to walk without assistance?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>		



b. Wheelchair required for boarding.			
WCHR	<input type="checkbox"/>	WCHS	<input type="checkbox"/>
		WCHC	<input type="checkbox"/>



MEDIF - MEDICAL INFORMATION FORM

7. Medication list needed during flight			
8. Current medication			
Olfen, Pantoprazol, Lidocain Gel			
9. Reserve medication			
10. Other medical information			
If the person has a fever, cough, breathing difficulties, the person must be tested for SARS-CoV 2 48 hours before returning.			
11. Special Assistance Form SAF			
A. Ambulance from airport:	Yes	<input type="checkbox"/>	No <input checked="" type="checkbox"/>
B. Assistance required upon arrival:	Yes	<input type="checkbox"/>	No <input checked="" type="checkbox"/>
C. Other grounds support required:	Yes	<input type="checkbox"/>	No <input checked="" type="checkbox"/>
D. Specific needs/support/equipment (incl. own equipment) required upon arrival:			
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
If yes, please give further information: →			
Medical expert signature and stamp	1 Adrian Peter Businger	Digital unterschrieben von Adrian Peter Businger Datum: 2020.09.03 07:34:40 +02'00'	Place and date ZRH, 200903



MEDIF - MEDICAL INFORMATION FORM

1. Patient (Name / First name)			
KERESLIDZE Sopio			
Number	Date of Birth	Gender	
720 402	07AUG83	female	
2. Medical expert (First name / Name)			
Adrian Businger			
Address/E-Mail		Phone contact number (+prefix) preferably mobile phone	
oseara@hin.ch		+41 44 803 95 70	
3. Diagnosis in details (including date of onset of current illness, episode or accident and treatment)			
Documents submitted by SwissRepat 200901 19.00: 12 pages. F41.2, ED unbekannt. Pharmakotherapie.			
Documents requested by OSEARA / further clarifications submitted to SwissRepat done by the responsible Canton: -			
Keine Informationen bezüglich Vorhandensein oder Abklärungen einer infektiösen Erkrankung vorhanden.			
Is the illness contagious?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Suicidality?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	n.a. <input checked="" type="checkbox"/>
Indication of hunger strike?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	n.a. <input checked="" type="checkbox"/>
Nature and date of any recent and/or relevant surgery.			
keine Angaben			
4. Current symptoms and severity			
Müdigkeit, Schwäche, Atemnot, Schlafstörung. Angstattacken, Kopfschmerzen, Schwindel, Zittern, Herzrasen			
5. Escort			
a. Is the patient fit to travel unaccompanied?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
b. If no, who should escort the patient?	Doctor <input type="checkbox"/>	Nurse <input type="checkbox"/>	Other <input type="checkbox"/>
6. Mobility			
a. Is the patient able to walk without assistance?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	



b. Wheelchair required for boarding.			
WCHR	<input type="checkbox"/>	WCHS	<input type="checkbox"/>
		WCHC	<input type="checkbox"/>



MEDIF - MEDICAL INFORMATION FORM

7. Medication list needed during flight			
8. Current medication			
Trimipramin			
9. Reserve medication			
Temesta			
10. Other medical information			
If the person has a fever, cough, breathing difficulties, the person must be tested for SARS-CoV 2 48 hours before returning.			
11. Special Assistance Form SAF			
A. Ambulance from airport:	Yes	<input type="checkbox"/>	No <input checked="" type="checkbox"/>
B. Assistance required upon arrival:	Yes	<input type="checkbox"/>	No <input checked="" type="checkbox"/>
C. Other grounds support required:	Yes	<input type="checkbox"/>	No <input checked="" type="checkbox"/>
D. Specific needs/support/equipment (incl. own equipment) required upon arrival:			
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
If yes, please give further information: →			
Medical expert signature and stamp	1 Adrian Peter Businger <small>Digital unterschrieben von Adrian Peter Businger Datum: 2020.09.04 10:42:40 +02'00'</small>	Place and date	ZRH, 200904



MEDIF - MEDICAL INFORMATION FORM

1. Patient (Name / First name)						
BERIDZE Mariami						
Number	Date of Birth	Gender				
720 402	20JUL03	female				
2. Medical expert (First name / Name)						
Adrian Businger						
Address/E-Mail	Phone contact number (+prefix) preferably mobile phone					
oseara@hin.ch	+41 44 803 95 70					
3. Diagnosis in details (including date of onset of current illness, episode or accident and treatment)						
Documents submitted by SwissRepat 200911 11.25: 12 pages. F32.9, F41.0. ED unbekannt. Psychiatrische Behandlung angedacht aber nicht erfolgt. Zu erwähnen ist, dass der Erstbericht vom 02/2020 datiert und der Folgebericht vom 09/2020. Dazwischen hat trotz bekannter Diagnose keine psychiatrische Behandlung stattgefunden. E03.9, D50.9 ED 09/2020. Pharmakotherapie.						
Documents requested by OSEARA / further clarifications submitted to SwissRepat done by the responsible Canton: -						
Keine Informationen bezüglich Vorhandensein oder Abklärungen einer infektiösen Erkrankung vorhanden.						
Is the illness contagious?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
Suicidality?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	n.a.	<input type="checkbox"/>
Indication of hunger strike?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	n.a.	<input checked="" type="checkbox"/>
Nature and date of any recent and/or relevant surgery.						
keine Angaben						
4. Current symptoms and severity						
Panikattacken, Suizidalität						
5. Escort						
a. Is the patient fit to travel unaccompanied?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>		
b. If no, who should escort the patient?	Doctor	<input type="checkbox"/>	Nurse	<input checked="" type="checkbox"/>	Other	<input type="checkbox"/>



6. Mobility			
a. Is the patient able to walk without assistance?	Yes	<input checked="" type="checkbox"/>	No <input type="checkbox"/>
b. Wheelchair required for boarding.			
WCHR	<input type="checkbox"/>	WCHS	<input type="checkbox"/>
		WCHC	<input type="checkbox"/>



MEDIF - MEDICAL INFORMATION FORM

7. Medication list needed during flight			
8. Current medication			
keine Präparate genannt. Eisen, Schilddrüsenhormone			
9. Reserve medication			
10. Other medical information			
If the person has a fever, cough, breathing difficulties, the person must be tested for SARS-CoV 2 48 hours before returning.			
11. Special Assistance Form SAF			
A. Ambulance from airport:	Yes	<input type="checkbox"/>	No <input checked="" type="checkbox"/>
B. Assistance required upon arrival:	Yes	<input type="checkbox"/>	No <input checked="" type="checkbox"/>
C. Other grounds support required:	Yes	<input checked="" type="checkbox"/>	No <input type="checkbox"/>
D. Specific needs/support/equipment (incl. own equipment) required upon arrival:			
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
If yes, please give further information:			
→ Medizinische Übergabe im Zielland, Evaluation einer stationären psychiatrischen Hospitalisation			
Medical expert signature and stamp	1	Adrian Peter Businger <small>Digital unterschrieben von Adrian Peter Businger Datum: 2020.09.14 02:00:06 +02'00'</small>	Place and date ZRH, 200914



MEDIF - MEDICAL INFORMATION FORM

1. Patient (Name / First name)			
BERIDZE Nikolozi			
Number	Date of Birth	Gender	
720 402	24NOV16	male	
2. Medical expert (First name / Name)			
Adrian Businger			
Address/E-Mail		Phone contact number (+prefix) preferably mobile phone	
oseara@hin.ch		+41 44 803 95 70	
3. Diagnosis in details (including date of onset of current illness, episode or accident and treatment)			
Documents submitted by SwissRepat 200901 19.00: 11 pages. G80.8, ED seit Geburt. Behandlung mittels Orthesen.			
Documents requested by OSEARA / further clarifications submitted to SwissRepat done by the responsible Canton: -			
Is the illness contagious?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
Suicidality?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	n.a. <input type="checkbox"/>
Indication of hunger strike?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	n.a. <input type="checkbox"/>
Nature and date of any recent and/or relevant surgery.			
keine Angaben			
4. Current symptoms and severity			
bilaterale dyston-spastische Cerebralparese			
5. Escort			
a. Is the patient fit to travel unaccompanied?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
b. If no, who should escort the patient?	Doctor <input type="checkbox"/>	Nurse <input type="checkbox"/>	Other <input checked="" type="checkbox"/>
6. Mobility			
a. Is the patient able to walk without assistance?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
b. Wheelchair required for boarding.			
WCHR <input type="checkbox"/>	WCHS <input type="checkbox"/>	WCHC <input type="checkbox"/>	



MEDIF - MEDICAL INFORMATION FORM

7. Medication list needed during flight			
8. Current medication			
9. Reserve medication			
10. Other medical information			
<p>If the person has a fever, cough, breathing difficulties, the person must be tested for SARS-CoV 2 48 hours before returning.</p> <p>Inwiefern die Rollstuhlversorgung bereits erfolgt ist, ist aus den Akten nicht ersichtlich. Die Betreuung des Jungen ist durch die Mutter sicherzustellen.</p>			
11. Special Assistance Form SAF			
A. Ambulance from airport:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
B. Assistance required upon arrival:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
C. Other grounds support required:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
D. Specific needs/support/equipment (incl. own equipment) required upon arrival:			
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
If yes, please give further information: →			
Medical expert signature and stamp	1 Adrian Peter Businger <small>Digital unterschrieben von Adrian Peter Businger Datum: 2020.09.04 14:02:27 +02'00'</small>	Place and date	ZRH, 200904



MEDIF - MEDICAL INFORMATION FORM

1. Patient (Name / First name)						
KOBERIDZE Irakli						
Number	Date of Birth	Gender				
707 138	04NOV87	male				
2. Medical expert (First name / Name)						
Adrian Businger						
Address/E-Mail		Phone contact number (+prefix) preferably mobile phone				
oseara@hin.ch		+41 44 803 95 70				
3. Diagnosis in details (including date of onset of current illness, episode or accident and treatment)						
Documents submitted by SwissRepat 200902 16.39: 10 pages. G35.10, ED 2012, Pharmakotherapie.						
Documents requested by OSEARA / further clarifications submitted to SwissRepat done by the responsible Canton: -						
Keine Informationen bezüglich Vorhandensein oder Abklärungen einer infektiösen Erkrankung vorhanden.						
Is the illness contagious?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
Suicidality?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	n.a.	<input checked="" type="checkbox"/>
Indication of hunger strike?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	n.a.	<input checked="" type="checkbox"/>
Nature and date of any recent and/or relevant surgery.						
keine Angabe						
4. Current symptoms and severity						
aktive Multiple Sklerose vom Push-Remissions-Typ mit gegenwärtig linker Optikusneuropathie und perorativer Störung des Gangs und des Gleichgewichts						
5. Escort						
a. Is the patient fit to travel unaccompanied?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>		
b. If no, who should escort the patient?	Doctor	<input type="checkbox"/>	Nurse	<input checked="" type="checkbox"/>	Other <input type="checkbox"/>	
6. Mobility						
a. Is the patient able to walk without assistance?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>		



b. Wheelchair required for boarding.			
WCHR	<input type="checkbox"/>	WCHS	<input type="checkbox"/>
		WCHC	<input checked="" type="checkbox"/>



MEDIF - MEDICAL INFORMATION FORM

7. Medication list needed during flight			
8. Current medication			
Valtrex, Bactrim forte			
9. Reserve medication			
10. Other medical information			
If the person has a fever, cough, breathing difficulties, the person must be tested for SARS-CoV 2 48 hours before returning.			
11. Special Assistance Form SAF			
A. Ambulance from airport:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
B. Assistance required upon arrival:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
C. Other grounds support required:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
D. Specific needs/support/equipment (incl. own equipment) required upon arrival:			
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
If yes, please give further information: →			
Medical expert signature and stamp	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">Adrian Peter 1 Businger</div> <div style="font-size: 8px; line-height: 1;"> Digital unterschrieben von Adrian Peter Businger Datum: 2020.09.04 09:42:38 +02'00' </div> </div>	Place and date	ZRH, 200904



MEDIF - MEDICAL INFORMATION FORM

1. Patient (Name / First name)		
BARISASHVILI Goga		
Number	Date of Birth	Gender
710 189	14MAY03	male
2. Medical expert (First name / Name)		
Adrian Businger		
Address/E-Mail	Phone contact number (+prefix) preferably mobile phone	
oseara@hin.ch	+41 44 803 95 70	
3. Diagnosis in details (including date of onset of current illness, episode or accident and treatment)		
Documents submitted by SwissRepat 200907 16.04: 9 pages. G82.03, R32. ED 01/2017. Der genaue Hergang ist nicht bekannt und nicht dokumentiert. Keine Therapie.		
Documents requested by OSEARA / further clarifications submitted to SwissRepat done by the responsible Canton: -		
Is the illness contagious?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Suicidality?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/> n.a. <input type="checkbox"/>
Indication of hunger strike?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/> n.a. <input type="checkbox"/>
Nature and date of any recent and/or relevant surgery.		
keine Angaben		
4. Current symptoms and severity		
Inkontinenz		
5. Escort		
a. Is the patient fit to travel unaccompanied?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
b. If no, who should escort the patient?	Doctor <input type="checkbox"/>	Nurse <input type="checkbox"/> Other <input checked="" type="checkbox"/>
6. Mobility		
a. Is the patient able to walk without assistance?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
b. Wheelchair required for boarding.		



Schweizerische Eidgenossenschaft
Confédération suisse
Confederazione Svizzera
Confederaziun svizra

Federal Department of Justice and Police FDJP
State Secretariat for Migration
Return Division

WCHR	<input type="checkbox"/>	WCHS	<input type="checkbox"/>	WCHC	<input checked="" type="checkbox"/>
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MEDIF - MEDICAL INFORMATION FORM

7. Medication list needed during flight			
8. Current medication			
-			
9. Reserve medication			
10. Other medical information			
<p>If the person has a fever, cough, breathing difficulties, the person must be tested for SARS-CoV 2 48 hours before returning.</p>			
11. Special Assistance Form SAF			
A. Ambulance from airport:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
B. Assistance required upon arrival:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
C. Other grounds support required:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
D. Specific needs/support/equipment (incl. own equipment) required upon arrival:			
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
If yes, please give further information: →			
Medical expert signature and stamp	1 Adrian Peter Businger <small>Digital unterschrieben von Adrian Peter Businger Datum: 2020.09.08 07:08:43 +02'00'</small>	Place and date	ZRH; 200908



MEDIF - MEDICAL INFORMATION FORM

1. Patient (Name / First name)			
GULASHVILI Lasha			
Number	Date of Birth	Gender	
710 189	22OCT19	female	
2. Medical expert (First name / Name)			
Adrian Businger			
Address/E-Mail	Phone contact number (+prefix) preferably mobile phone		
oseara@hin.ch	+41 44 803 95 70		
3. Diagnosis in details (including date of onset of current illness, episode or accident and treatment)			
Documents submitted by SwissRepat 200901 13.52: 2 pages. keine medizinische Diagnosen.			
Documents requested by OSEARA / further clarifications submitted to SwissRepat done by the responsible Canton: -			
Keine Informationen bezüglich Vorhandensein oder Abklärungen einer infektiösen Erkrankung vorhanden.			
Is the illness contagious?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Suicidality?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	n.a. <input checked="" type="checkbox"/>
Indication of hunger strike?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	n.a. <input checked="" type="checkbox"/>
Nature and date of any recent and/or relevant surgery.			
keine Angaben			
4. Current symptoms and severity			
keine Angaben			
5. Escort			
a. Is the patient fit to travel unaccompanied?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
b. If no, who should escort the patient?	Doctor <input type="checkbox"/>	Nurse <input type="checkbox"/>	Other <input checked="" type="checkbox"/>
6. Mobility			
a. Is the patient able to walk without assistance?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	



b. Wheelchair required for boarding.			
WCHR	<input type="checkbox"/>	WCHS	<input type="checkbox"/>
		WCHC	<input type="checkbox"/>



MEDIF - MEDICAL INFORMATION FORM

7. Medication list needed during flight			
8. Current medication			
-			
9. Reserve medication			
10. Other medical information			
If the person has a fever, cough, breathing difficulties, the person must be tested for SARS-CoV 2 48 hours before returning.			
Anmerkung: formal gemäss Standardprozess Unterlagen älter als 3 Monate.			
11. Special Assistance Form SAF			
A. Ambulance from airport:	Yes	<input type="checkbox"/>	No <input checked="" type="checkbox"/>
B. Assistance required upon arrival:	Yes	<input type="checkbox"/>	No <input checked="" type="checkbox"/>
C. Other grounds support required:	Yes	<input type="checkbox"/>	No <input checked="" type="checkbox"/>
D. Specific needs/support/equipment (incl. own equipment) required upon arrival:			
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
If yes, please give further information: →			
Medical expert signature and stamp	1 Adrian Peter Businger	Digital unterschrieben von Adrian Peter Businger Datum: 2020.09.03 06:59:42 +02'00'	Place and date ZRH, 200903



MEDIF - MEDICAL INFORMATION FORM

1. Patient (Name / First name)			
KOBAKHIDZE Shota			
Number	Date of Birth	Gender	
539 785	16FEB75	male	
2. Medical expert (First name / Name)			
Adrian Businger			
Address/E-Mail		Phone contact number (+prefix) preferably mobile phone	
oseara@hin.ch		+41 44 803 95 70	
3. Diagnosis in details (including date of onset of current illness, episode or accident and treatment)			
Documents submitted by SwissRepat 200915 10.40: 2 pages. B18.2, F11.2, Z51.83, ED unbekannt, Pharmakotherapie.			
Documents requested by OSEARA / further clarifications submitted to SwissRepat done by the responsible Canton: -			
Is the illness contagious?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
Suicidality?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	n.a. <input checked="" type="checkbox"/>
Indication of hunger strike?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	n.a. <input checked="" type="checkbox"/>
Nature and date of any recent and/or relevant surgery.			
keine Angaben			
4. Current symptoms and severity			
keine Angaben			
5. Escort			
a. Is the patient fit to travel unaccompanied?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
b. If no, who should escort the patient?	Doctor <input type="checkbox"/>	Nurse <input type="checkbox"/>	Other <input type="checkbox"/>
6. Mobility			
a. Is the patient able to walk without assistance?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
b. Wheelchair required for boarding.			
WCHR <input type="checkbox"/>	WCHS <input type="checkbox"/>	WCHC <input type="checkbox"/>	



MEDIF - MEDICAL INFORMATION FORM

7. Medication list needed during flight			
8. Current medication			
Methadon am Abflugtag			
9. Reserve medication			
10. Other medical information			
If the person has a fever, cough, breathing difficulties, the person must be tested for SARS-CoV 2 48 hours before returning.			
11. Special Assistance Form SAF			
A. Ambulance from airport:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
B. Assistance required upon arrival:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
C. Other grounds support required:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
D. Specific needs/support/equipment (incl. own equipment) required upon arrival:			
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
If yes, please give further information: →			
Medical expert signature and stamp	Adrian Peter 1 Businger <small>Digital unterschrieben von Adrian Peter Businger Datum: 2020.09.16 01:31:59 +02'00'</small>	Place and date	ZRH, 200916