



MEDIF - MEDICAL INFORMATION FORM

1. Patient (Name / First name)			
POTSKHVERASHVILI Mikheili			
Number	Date of Birth	Gender	
716 239	14OCT01	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 200928 10.09: 14 pages. G40.9, ED unbekannt, F60.30, F70.8 ED unbekannt			
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			
Aggressivität			
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"/>	



Schweizerische Eidgenossenschaft
Confédération suisse
Confederazione Svizzera
Confederaziun svizra

Federal Department of Justice and Police FDJP

State Secretariat for Migration
Return Division



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7. Medication list needed during flight			
8. Current medication			
aktuell keine mehr			
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>Medizinische Begleitung ab Anhaltung. Grund: Stress kann zu einem signifikanten Rückfall führen.</p> <p>Beim vorliegenden Befundbericht handelt es sich nicht um ein Gutachten. Er wurde jedoch in Kenntnis von Art. 307 StGB sowie Art. 320/321 StGB verfasst. Eine Risikoeinschätzung und die Interventionsempfehlungen unterliegen immer einem dynamischen Prozess. Die Ausführungen stellen daher ausdrücklich eine Momentaufnahme, basierend auf den uns aktuell zur Verfügung stehenden Informationen, dar.</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	<p>Adrian Peter 1 Businger</p> <p style="font-size: small; color: gray;">Digital unterschrieben von Adrian Peter Businger Datum: 2020.09.29 01:05:56 +02'00'</p>	Place and date	ZRH, 200929