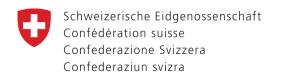
Federal Department of Justice and Police FDJP

State Secretariat for Migration

Return Division

MEDIF - MEDICAL INFORMATION FORM

1. Patient (Name / First name)							
SULKHANISHVILI Marisi							
Number	Date of Birth			Gender			
711 135	14NOV74			male			
2. Medical expert (First name / Nar	ne)						
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	s, episode or	accident a	nd treatment))			
Documents submitted by SwissRepat 200924 09.25: 12 pages. J34.3, G47.31, ED unbekannt, EM 01/2020. Keine aktuelle Therapie.							
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	No					
Suicidality?	Yes	No		n.a.			
Indication of hunger strike?	Yes	No		n.a.			
Nature and date of any recent and/or	r relevant s	urgery.					
keine Angaben							
4. Current symptoms and severity	<u> </u>						
Behinderte Nasenatmung							
5. Escort							
a. Is the patient fit to travel unaccompanied?	Yes		No				
b. If no, who should escort the patient?	Doctor		Nurse		Other		
6. Mobility							
a. Is the patient able to walk with- out assistance?	Yes		No				



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

b. Wheelchair req	uired for boarding.		
WCHR	WCHS	WCHC	

Confederaziun svizra

MEDIF - MEDICAL INFORMATION FORM

7. Medication list needed during flight							
8. Current medication	on						
-							
9. Reserve medication	on						
10.Other medical info	ormation						
If the person has a fever, cough, breathing difficulties, the person must be tested for SARS-CoV 2 48 hours before returning.							
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.							
11.Special Assistance	e Form SAF						
A. Ambulance from ai	rport:	Yes	No	\boxtimes			
B. Assistance required upon arrival:		Yes 🗌	No	\boxtimes			
C. Other grounds support required:			No	\boxtimes			
D. Specific needs/support/equipment (incl. own equipment) required upon arrival:							
Yes No 🖂							
If yes, please give further information:							
Medical expert signature and stamp	Adrian Peter Digital unterschrieben von Adrian Peter Businger 1 Businger Datum: 2020.09.25 08:17:21 +02'00'		Place and date	ZRH, 200925			