Schweizerische Eidgenossenschaft
Confédération suisse
Confederazione Svizzera
Confederaziun svizra

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

MEDIF - MEDICAL INFORMATION FORM

1. Patient (Name / First name)		
LOSEVA Vera		
Number	Date of Birth	Gender
711 135	27APR82	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 200924 09.25: 12 pages.
K05.3 ED unbekannt. Keine 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 relevant surgery.

keine Angaben

4. Current symptoms and severity

Schmerzen

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 without assistance?	Yes	☒	No	☐

b. Wheelchair required for boarding.					
WCHR	☐	WCHS	☐	WCHC	☐

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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.

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 Form SAF

A. Ambulance from airport:	Yes ☐	No ☒
B. Assistance required upon arrival:	Yes ☐	No ☒
C. Other grounds support required:	Yes ☐	No ☒

D. Specific needs/support/equipment (incl. own equipment) required upon arrival:

Yes ☐ No ☒

If yes, please give further information:
➔

Medical expert signature and stamp	1 Adrian Peter Businger Digital unterschrieben von Adrian Peter Businger Datum: 2020.09.25 08:16:53 +02'00'	Place and date	ZRH, 200925