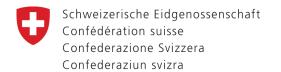
Federal Department of Justice and Police FDJP

State Secretariat for Migration

Return Division

MEDIF - MEDICAL INFORMATION FORM

1. Patient (Name / First name)								
POTSKHVERASHVILI Mikheili								
Number	Date of E	Birth	Gei	Gender				
716 239	14OCT01			е				
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 data of expect of current illness, enjoyde or essident and treatment)								
(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	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								
Aggressivität								
5. Escort								
 a. Is the patient fit to travel unac- companied? 	Yes	No						
b. If no, who should escort the patient?	Doctor	Nurs	se 🔀	Other				
6. Mobility								
a. Is the patient able to walk with- out assistance?	Yes	No						
b. Wheelchair required for boarding.								
WCHR WCH	IS	WCH						



Federal Department of Justice and Police FDJP

State Secretariat for Migration

Return Division

MEDIF - MEDICAL INFORMATION FORM

7. Medication list needed during flight							
8. Current medication							
aktuell keine mehr							
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.							
Medizinische Begleitung ab Anhaltung. Grund: Stress kann zu einem signifikanten Rückfall führen.							
Beim vorliegenden Befur von Art. 307 StGB sowie					•		
Interventionsempfehlung	_		•		•		
daher ausdrücklich eine Momentaufnahme, basierend auf den uns aktuell zur Verfügung stehenden Informationen, dar.							
11.Special Assistance Form SAF							
A. Ambulance from ai	rport:	Yes		No	\boxtimes		
B. Assistance required	d upon arrival:	Yes		No			
C. Other grounds sup	port required:	Yes		No			
D. Specific needs/support/equipment (incl. own equipment) required upon arrival:							
Yes No 🖂							
If yes, please give further information: →							
	Diaita	al unterschrieben					
Medical expert Adrian Peter von Adrian Peter Businger Businger Rusinger Businger				Place and date	ZRH, 200929		
signature and stamp	01:05	:56 +02'00'			, , , , , , , , , , , , , , , , , , ,		