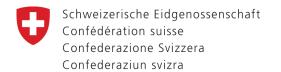
Federal Department of Justice and Police FDJP

State Secretariat for Migration

Return Division

MEDIF - MEDICAL INFORMATION FORM

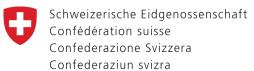
1. Patient (Name / First name)							
BEDOSHVILI Natia							
Number	Date of Birth			Gender			
716 239	10JUL81			female			
2. Medical expert (First name / Name)							
Adrian Businger							
Address/E-Mail	Phone contact number (+prefix) preferably mobile phone						
oseara@hin.ch	+41 44 803 95 70						
Diagnosis in details (including date of onset of current illness, episode or accident and treatment)							
Documents submitted by SwissRepat 200924 12.26: 5 pages. M54.86, M79.65, ED unbekannt, Pharmakotherapie.							
Documents requested by OSEARA / further clarifications submitted to SwissRepat done by the responsible Canton							
Is the illness contagious?	Yes	N	lo 🔀				
Suicidality?	Yes	N	lo 📗	n.a.			
Indication of hunger strike?	Yes	N	lo	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 with- out assistance?	Yes		No				
b. Wheelchair required for boarding.							
WCHR WCHS WCHC							



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7. Medication list needed during flight							
8. Current medication							
Tramal, Tilur, Pregabalin							
9. Reserve medication							
Tramal							
10.Other medical information							
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	d upon arrival:	Yes	No				
C. Other grounds support required:							
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 08:16:27 +02'00'		Place and date	ZRH, 200925			