Schweizerische Eidgenossenschaft
Confédération suisse
Confederazione Svizzera
Confederaziun svizra

Federal Department of Justice and Police FDJP

State Secretariat for Migration SEM
Directorate for International Cooperation
Return Division
Americas, Europe, CIS, Far East Section

P.P. CH-3003 Berne-Wabern, SEM

Courrier A
Embassy of Georgia
Consular Section
Mrs Ketevan Esiashvili
Counsellor/Consul
Seftigenstrasse 7
3007 Berne

Reference: Humanitarian charter flight with volunteers organised by Switzerland on 1 October 2020
Your reference:
Our reference: Jnr
Berne-Wabern, 23 September 2020

Humanitarian charter flight with volunteers organised by Switzerland on 1 October 2020:
N 642 228 – KHARDZIANI Roman, 19.05.1976
N 727 694 – EGITASHVILI Lasha, 07.09.1985

Dear Mrs Esiashvili

We refer to our letter dated 22 September 2020 and send you two more medical information forms concerning the above-mentioned person. As soon as we will have the flight details we will forward them to you.

We would like to emphasize that concerning N 727 694 – EGITASHVILI Lasha, 07.09.1985, a medical handover followed by a possibly hospitalisation in a psychiatric clinic is according to Swiss doctors strongly advisable (reason: suicidality).

Please inform the concerned authorities in Georgia about this special flight.

We are at your disposal of any information you may require.

Thank you for your kind assistance in this matter.
Yours sincerely

State Secretariat for Migration SEM

Richard Janda
Return Specialist

State Secretariat for Migration SEM
Richard Janda
Quellenweg 6, 3003 Berne-Wabern
+41(0)58 465 99 29, Fax +41(0)58 465 91 04
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Return Division

MEDIF - MEDICAL INFORMATION FORM

1. Patient (Name / First name)		
EGITASHVILI Lasha		
Number	Date of Birth	Gender
727 694	07SEP85	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 200914 12.07: 7 pages.
F19.1, F43.2, B18.2, ED unbekannt, Pharmakotherapie.

Documents requested by OSEARA / further clarifications submitted to SwissRepat done by the responsible Canton: -

Es liegt kein Labor vor bezüglich Viruslast bei Hep C.

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

Nervosität

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

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MEDIF - MEDICAL INFORMATION FORM

7. Medication list needed during flight

8. Current medication

VALIUM Tabl 10 mg 1-1-1-0
PREGABALIN Sandoz Kaps 150 mg 1-0-1-0

9. Reserve medication

QUETIAPIN Sandoz Filmtabl 25 mg bis 3/d

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: Suizidalität.

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:
➔ medizinische Übergabe Zielland, Re-Evaluation psychiatrische Hospitalisation

Medical expert signature and stamp	1 Adrian Peter Businger Digital unterschrieben von Adrian Peter Businger Datum: 2020.09.23 06:55:46 +02'00'	Place and date	ZRH, 200923

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WCHR ☐	WCHS ☐	WCHC ☐

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MEDIF - MEDICAL INFORMATION FORM

1. Patient (Name / First name)		
KHARDZIANI Roman		
Number	Date of Birth	Gender
642 228	19MAY76	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 200921 16.32: 14 pages.
C81.9, ED 04/2016 (allerdings bereits 2014 Chemotherapie?), B18.2, D86.0, K86.9, F45.0, F41.1, ED unbekannt. Pharmakotherapie.

Documents requested by OSEARA / further clarifications submitted to SwissRepat done by the responsible Canton: -

Es liegt kein Labor vor. Hepatitis C 2017-2018 behandelt, aktuelle Viruslast unbekannt. Daher kann nicht entschieden werden, ob Ansteckung vorliegt oder nicht.

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

keine Angaben

5. Escort

a. Is the patient fit to travel unaccompanied?	Yes	☒	No	☐		
b. If no, who should escort the patient?	Doctor	☐	Nurse	☐	Other	☐

without assistance?
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

Pantoprazol, Valciclovir, Bactrim, Folsäure

9. Reserve medication

Palexia

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 Informatinen, 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: 2020.09.23 06:54:59 +02'00'	Place and date	ZRH, 200923