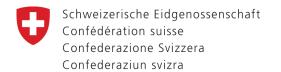
Federal Department of Justice and Police FDJP

State Secretariat for Migration

Return Division

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 / 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, 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	N	0				
Suicidality?	Yes	N	o 🗌	n.a.			
Indication of hunger strike?	Yes	N	o 🗌	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		
6. Mobility							
a. Is the patient able to walk	Yes		No				



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without assistance	?		
b. Wheelchair require	ed for boarding.		
WCHR	WCHS	WCHC	

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Return Division

MEDIF - MEDICAL INFORMATION FORM

7. Medication list needed during flight							
8. Current medication							
Pantoprazol, Valciclovir, Ba	actrim, 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 airp	ort:	Yes		No	\boxtimes		
B. Assistance required to	upon arrival:	Yes		No			
C. Other grounds suppo	ort required:	Yes		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 von A Businger Datum	l unterschrieben drian Peter ger n: 2020.09.23 59 +02'00'		Place and date	ZRH, 200923		