



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							
a. Is the patient able to walk without assistance?		Yes	☒	No	☐		
b. Wheelchair required for boarding.							



Schweizerische Eidgenossenschaft
Confédération suisse
Confederazione Svizzera
Confederaziun svizra

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

WCHR	☐	WCHS	☐	WCHC	☐
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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