



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: Air ambulance flight with volunteers organised by Switzerland on 29 September 2020 to Kutaisi  
Your reference:  
Our reference: Jnr  
**Berne-Wabern, 11 September 2020**

**Air ambulance flight with volunteers organised by Switzerland on 29 September 2020 to Kutaisi**

Dear Mrs Esiashvili

We would like to inform you that following volunteers will be repatriated by an air ambulance flight from Switzerland to Georgia which is scheduled for Tuesday, 29 September 2020:

1. N 716 590 – PIRTSKHALAVA Daviti, 01.07.1994 (\*)
2. N 716 591 – UGLAVA Rusudani, 22.01.1963 (social escort, his mother)
3. N 716 282 – GVELESIANI Loreta, 11.12.1970 (\*\*)
4. N 718 281 – GVELESIANI Avtandili, 20.08.1992 (social escort, her son)

(\*) = persons with some health problems

(\*\*) = we are still waiting for the medical information form which will be forwarded to you as soon as possible

Please find copies of the travel documents enclosed as well as the medical clearances.

The medical care is guaranteed, there are no contraindications to deportation.

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  
richard.janda@sem.admin.ch



Referenz/Aktenzeichen: Air ambulance flight with volunteers organised by Switzerland on 29 September 2020 to Kutaisi

The passengers will be escorted by medical personnel (physician, urgentist) and probably by Swiss police officers as well as by a representative of the Federal Department of Justice and Police and a Swiss observer.

As soon as we will the flight details will be known we will forward them to you.

The SEM will ensure maximum security measures in the process of the organized return (e.g. gloves and medical masks, symptom checks before start – persons with symptoms of COVID-19 will not participate at this flight).

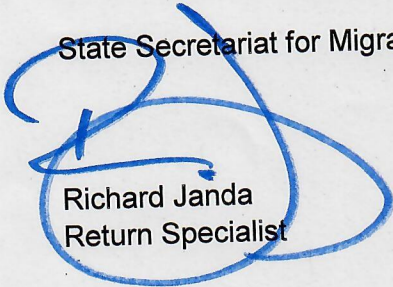
Please inform the concerned authorities in Georgia about this special flight.

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

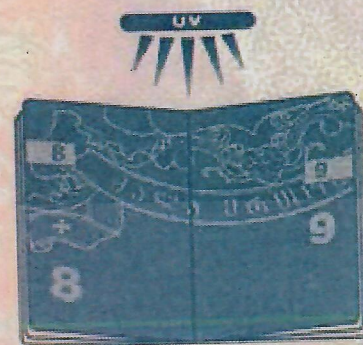
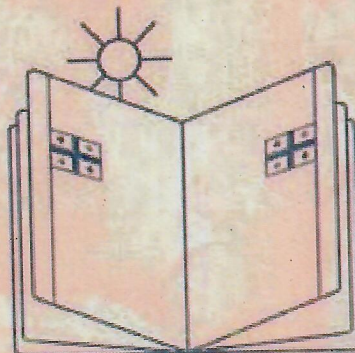
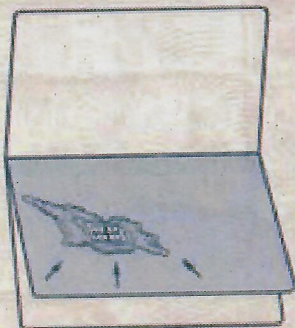
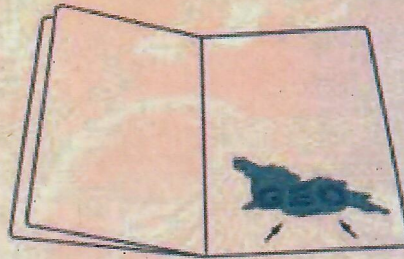
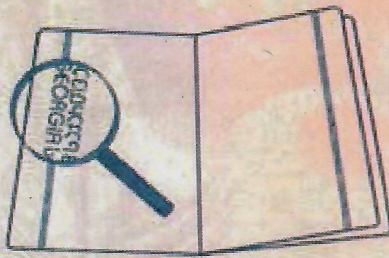
Thank you for your kind assistance in this matter.

Yours sincerely

State Secretariat for Migration SEM



Richard Janda  
Return Specialist



საქართველო

## Georgia

TYPE P

P

CODE OF STATE

GEO

15BB31784

2000 2000

განცხადება / PIRTSKHALAVA

bshygo / GIVEN NAME

დავითი / DAVITI

Amalgamated citizenship

საქართველო / GEORGIA

தமிழ்நாடு மருத்துவ / DATE OF BIRTH

01 ജൂലൈ / JUL 1994

ԳԵՂՈՍԻՍ ԵՐԵՎԱՆ / PLACE OF BIRTH

**Հայկերեն / RUSSIA**

DATE OF ISSUE

23 Sep / SEP 2016

ISSUING AUTHORITY

გულგულისხმობის გზით

MINISTRY OF JUSTICE

## Highly SEX

BB / M

အသံအသံကိန်း / PERSONAL NUMBER

53001061532

მოქმედების ვადა / EXPIRY DATE

23 Sep / SEP 2026

Deposited by \_\_\_\_\_ OWNER'S SIGNATURE

9-7-4



P<GEOPIRTSKHALAVA<<DAVITI<<<<<<<<<<<<<<<<<<

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## MEDIF - MEDICAL INFORMATION FORM

|                                                                                                                    |                                                           |                                        |                                          |
|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------|------------------------------------------|
| <b>1. Patient (Name / First name)</b>                                                                              |                                                           |                                        |                                          |
| PIRTSKHALAVA Daviti                                                                                                |                                                           |                                        |                                          |
| Number                                                                                                             | Date of Birth                                             | Gender                                 |                                          |
| 716 590                                                                                                            | 01JUL94                                                   | male                                   |                                          |
| <b>2. Medical expert (First name / Name)</b>                                                                       |                                                           |                                        |                                          |
| Adrian Businger                                                                                                    |                                                           |                                        |                                          |
| Address/E-Mail                                                                                                     | Phone contact number<br>(+prefix) preferably mobile phone |                                        |                                          |
| oseara@hin.ch                                                                                                      | +41 44 803 95 70                                          |                                        |                                          |
| <b>3. Diagnosis in details</b><br>(including date of onset of current illness, episode or accident and treatment)  |                                                           |                                        |                                          |
| Documents submitted by SwissRepat 200908 16.16: 11 pages.<br>S14.77! ED 2013, N32.9. ESBL positiv. Keine Therapie. |                                                           |                                        |                                          |
| Documents requested by OSEARA / further clarifications submitted to SwissRepat done by the responsible Canton: -   |                                                           |                                        |                                          |
| Is the illness contagious?                                                                                         | Yes <input checked="" type="checkbox"/>                   | No <input type="checkbox"/>            |                                          |
| Suicidality?                                                                                                       | Yes <input type="checkbox"/>                              | No <input type="checkbox"/>            | n.a. <input checked="" type="checkbox"/> |
| Indication of hunger strike?                                                                                       | Yes <input type="checkbox"/>                              | No <input type="checkbox"/>            | n.a. <input checked="" type="checkbox"/> |
| Nature and date of any recent and/or relevant surgery.                                                             |                                                           |                                        |                                          |
| 11/2019 Ulcus Débridement                                                                                          |                                                           |                                        |                                          |
| <b>4. Current symptoms and severity</b>                                                                            |                                                           |                                        |                                          |
| Blasen- und Darmfunktionsstörungen                                                                                 |                                                           |                                        |                                          |
| <b>5. Escort</b>                                                                                                   |                                                           |                                        |                                          |
| a. Is the patient fit to travel unaccompanied?                                                                     | Yes <input type="checkbox"/>                              | No <input checked="" type="checkbox"/> |                                          |
| b. If no, who should escort the patient?                                                                           | Doctor <input checked="" type="checkbox"/>                | Nurse <input type="checkbox"/>         | Other <input type="checkbox"/>           |
| <b>6. Mobility</b>                                                                                                 |                                                           |                                        |                                          |
| a. Is the patient able to walk without assistance?                                                                 | Yes <input type="checkbox"/>                              | No <input checked="" type="checkbox"/> |                                          |
| b. Wheelchair required for boarding.                                                                               |                                                           |                                        |                                          |



## MEDIF - MEDICAL INFORMATION FORM

### 7. Medication list needed during flight

### 8. Current medication

-

### 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.

### 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:

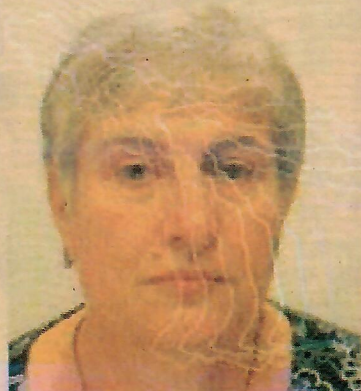


Medical expert  
signature and stamp

Adrian Peter  
1 Businger  
Digital unterschrieben  
von Adrian Peter  
Businger  
Datum: 2020.09.10  
07:13:50 +02'00'

Place and date

ZRH, 200910



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