



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	<input type="checkbox"/>	No <input type="checkbox"/>
Suicidality?	Yes	<input checked="" type="checkbox"/>	No <input type="checkbox"/> n.a. <input 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.			
keine Angaben			
4. Current symptoms and severity			
Nervosität			
5. Escort			
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 type="checkbox"/>	Nurse <input checked="" type="checkbox"/> Other <input type="checkbox"/>
6. Mobility			
a. Is the patient able to walk without assistance?	Yes	<input checked="" type="checkbox"/>	No <input type="checkbox"/>
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	<input type="checkbox"/>	WCHS	<input type="checkbox"/>	WCHC	<input type="checkbox"/>
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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			
<p>If the person has a fever, cough, breathing difficulties, the person must be tested for SARS-CoV 2 48 hours before returning.</p> <p>Medizinische Begleitung ab Anhaltung. Grund: Suizidalität.</p> <p>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.</p>			
11. Special Assistance Form SAF			
A. Ambulance from airport:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
B. Assistance required upon arrival:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
C. Other grounds support required:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
D. Specific needs/support/equipment (incl. own equipment) required upon arrival:			
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
If yes, please give further information: → medizinische Übergabe Zielland, Re-Evaluation psychiatrische Hospitalisation			
Medical expert signature and stamp	1 Adrian Peter Businger <small>Digital unterschrieben von Adrian Peter Businger Datum: 2020.09.23 06:55:46 +02'00'</small>	Place and date	ZRH, 200923