



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)

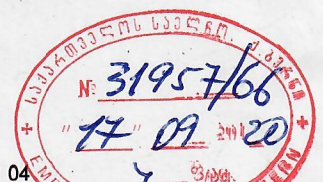
(*) = persons with some health problems

(**) = 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



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

Charterflug / Ambulanzflug

Datum:
Destination/en:
Routing:
Fluggerät :
Fluggesellschaft :

29.09.2020
Zürich-Kutaissi-Zürich
ZRH-KUT-ZRH

Luftwaffe

Flugplan main Charter:

Datum	Kurs	UTC	Destination	Lokal-zeit	Flug-Std.
29.09.2020		29.09. 06:50	Zürich	ZRH 08:50	
		29.09. 10:50	Kutaissi	KUT 14:50	04:00
		29.09. 11:35	Kutaissi	KUT 15:35	
		29.09. 15:55	Zürich	ZRH 17:55	04:20



MEDIF - MEDICAL INFORMATION FORM

1. Patient (Name / First name)			
PIRTSKHALAVA Daviti			
Number	Date of Birth	Gender	
716 590	01JUL94	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 200908 16.16: 11 pages. 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			
4. Current symptoms and severity			
Blasen- und Darmfunktionsstörungen			
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 checked="" type="checkbox"/>	Nurse <input type="checkbox"/>	Other <input type="checkbox"/>
6. Mobility			
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			
<p>If the person has a fever, cough, breathing difficulties, the person must be tested for SARS-CoV 2 48 hours before returning.</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 type="checkbox"/> No <input checked="" type="checkbox"/>		
D. Specific needs/support/equipment (incl. own equipment) required upon arrival:			
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
If yes, please give further information: →			
Medical expert signature and stamp	Adrian Peter 1 Businger <div style="font-size: small; margin-top: 5px;"> Digital unterschrieben von Adrian Peter Businger Datum: 2020.09.10 07:13:50 +02'00' </div>	Place and date	ZRH, 200910



MEDIF - MEDICAL INFORMATION FORM

1. Patient (Name / First name)			
GVELESIANI Loreta			
Number	Date of Birth	Gender	
716 282	11DEC70	female	
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 200922 10.27: 15 pages. G82.13, ED 09/2019, F43.22 ED 10/2019. Pharmakotherapie.			
Documents requested by OSEARA / further clarifications submitted to SwissRepat done by the responsible Canton: -			
Keine Informationen bezüglich Vorhandensein oder Abklärungen einer infektiösen Erkrankung vorhanden.			
Is the illness contagious?	Yes <input 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.			
13.09.2019 spinale Zystektomie			
4. Current symptoms and severity			
Paraparese, Mastdarm- und Miktionsstörungen			
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 type="checkbox"/>	No <input checked="" type="checkbox"/>	



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b. Wheelchair required for boarding.			
WCHR	<input checked="" type="checkbox"/>	WCHS	<input type="checkbox"/>
		WCHC	<input type="checkbox"/>



MEDIF - MEDICAL INFORMATION FORM

7. Medication list needed during flight			
8. Current medication			
Mirtazapin, Sertralin, Pregabalin, Tramadol ret, Laxoberon Tropfen, Fragmin, Macrogol			
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.			
<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 type="checkbox"/>	No <input checked="" type="checkbox"/>	
D. Specific needs/support/equipment (incl. own equipment) required upon arrival:			
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
If yes, please give further information: →			
Medical expert signature and stamp	Adrian Peter 1 Businger	<small>Digital unterschrieben von Adrian Peter Businger Datum: 2020.09.23 06:54:12 +02'00'</small>	Place and date ZRH, 200923