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 (advanced copy by e-mail)
Embassy of Georgia
Consular Section
Mrs Ketevan Esiashvili
Counsellor/Consul
Seftigenstrasse 7
3007 Berne

Reference: Special charter flight organised by Switzerland on 20 May 2020
Your reference:
Our reference: Jnr
Berne-Wabern, 12 May 2020

Special charter flight organised by Switzerland on 20 May 2020

Dear Mrs Esiashvili

We would like to inform you that following persons will be repatriated by a special repatriation flight from Switzerland to Georgia which is scheduled for Wednesday, 20 May 2020 (please find the flight details in the enclosure):

N 719 461 – SHARIFOVA Samira, 06.01.1986 (*) and their children SHARIFOV Rasim, 21.12.2009 and SHARIFOVA Manana, 25.03.2013

N 720 332 – ZURABASHVILI Ekaterine, 05.03.1987 (*) and her son DZABAKHIDZE Aleksandre, 18.04.2009 (*)

N 721 112 – SINAURIDZE Medeia, 05.05.1959 (*)

(*) = persons with some health problems

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

We would like to emphasize that N 720 332 – DZABAKHIDZE Aleksandre, 18.04.2009, cannot due to his spina bifida and clubfoot walk without assistance and will be transported to

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
www.sem.admin.ch

Zurich Airport by an ambulance. N 721 112 – SINAURIDZE Medeia, 05.05.1959 has a walking disability as well and requires a wheelchair.

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

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

p.p.

Richard Janda
Return Specialist

Copy to:
Ministry of Internal Affairs, Migration Department (via RCMES)

Schweizerische Eidgenossenschaft
Confédération suisse
Confederazione Svizzera
Confederaziun svizra

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

MEDIF - MEDICAL INFORMATION FORM

1. Patient (Name / First name)		
SHARIFOVA Samira		
Number	Date of Birth	Gender
719 461	06JAN86	female

2. Medical expert (First name / Name)	
Seraffetin Onk, cardiologist	
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 2004 09.02: 15 pages.
I83.9. No information start of complaints.

Documents requested by OSEARA / further clarifications submitted to SwissRepat done by the responsible Canton:

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.

no information

4. Current symptoms and severity

pain

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.

WCHR ☐ WCHS ☐ WCHC ☐

Schweizerische Eidgenossenschaft
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State Secretariat for Migration
Return Division

Schweizerische Eidgenossenschaft
Confédération suisse
Confederazione Svizzera
Confederaziun svizra

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

MEDIF - MEDICAL INFORMATION FORM

7. Medication list needed during flight

8. Current medication

Acetylsalicylic acid, Diosmin, combinations

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 at least 48hours 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	ONK, MD GLN 7601007786992	Place and date	ZRH, 200428

საქართველო
დასაბრუნებელი მოგზაურობა
TRAVEL DOCUMENT FOR RETURN TO GEORGIA

GG 0127286

გვარი / SURNAME
SHARIFOVA

სახელი / GIVEN NAME
სამირა
Samira

მოქალაქეობა / NATIONALITY
საქართველო
GEORGIA

სქესი / SEX
მდ
F

დაბადების თარიღი / DATE OF BIRTH
06.01.1986

დაბადების ადგილი / PLACE OF BIRTH
საქართველო
GEORGIA

გაცემის თარიღი / DATE OF ISSUE
01.04.2020

მოქმედების ვადა / DATE OF EXPIRY
30.06.2020

გამცემი ორგანო / ISSUING AUTHORITY
საქართველოს საელჩო შვეიცარიის კონფედერაციაში
Embassy of Georgia to Swiss Confederation

მფლობელის ხელმოწერა / HOLDER'S SIGNATURE

უფლებამოსილი პირის ხელმოწერა / AUTHORITY SIGNATURE

• საქართველო • GEORGIA • საქართველო • GEORGIA • საქართველო • GEORGIA • საქართველო • GEORGIA • საქართველო •

ვიზა / VISA

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შენიშვნები / REMARKS

დოკუმენტის ნამდვილობის შემოწმება შესაძლებელია საქართველოს საგარეო საქმეთა სამინისტროს ოფიციალურ ვებ-გვერდზე:
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Authenticity of this document can be verified on the official website of the Ministry of Foreign Affairs of Georgia
www.geoconsul.gov.ge/TravelDocument

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საქართველოს
დასაბრუნებლად მგზავრობის
TRAVEL DOCUMENT FOR RETURN
TO GEORGIA

GG 0127295

გვარი / SURNAME
SHARIFOV
შარიფოვი

სახელი / GIVEN NAME
Rasim
რასიმ

მოქალაქეობა / NATIONALITY
GEORGIA
საქართველო

სქესი / SEX
M
მ

დაბადების თარიღი / DATE OF BIRTH
21.12.2009

დაბადების ადგილი / PLACE OF BIRTH
GEORGIA
საქართველო

გაცემის თარიღი / DATE OF ISSUE
01.04.2020

მოქმედების ვადა / DATE OF EXPIRY
30.06.2020

გამცემი ორგანო / ISSUING AUTHORITY
საქართველოს ელჩობა შვეიცარიის
კონფედერაციაში
Embassy of Georgia to Swiss Confederation

მფლობელის ხელმოწერა / HOLDER'S SIGNATURE

უფლებამოსილი პირის ხელმოწერა / AUTHORITY SIGNATURE

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ვიზა / VISA

• საქართველო • GEORGIA • საქართველო • GEORGIA • საქართველო • GEORGIA • საქართველო • GEORGIA • საქართველო •

შენიშვნები / REMARKS

დოკუმენტის ნამდვილობის შემოწმება
შესაძლებელია საქართველოს საგარეო
საქმეთა სამინისტროს ოფიციალურ ვებ-
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საქართველოს
დასაბრუნებელი მოწმობა
TRAVEL DOCUMENT FOR RETURN
TO GEORGIA

GG 0127284

გვარი / SURNAME
SHARIFOVA

სახელი / GIVEN NAME
მანანა
Manana

მოქალაქეობა / NATIONALITY
საქართველო
GEORGIA

სქესი / SEX
მდ
F

დაბადების თარიღი / DATE OF BIRTH
25.03.2013

დაბადების ადგილი / PLACE OF BIRTH
საქართველო
GEORGIA

გაცემის თარიღი / DATE OF ISSUE
01.04.2020

გამცემი ორგანო / ISSUING AUTHORITY
საქართველოს საელჩო შვეიცარიის
ფედერაციულ რესპუბლიკაში
Embassy of Georgia to Swiss Confederation

მოქმედების ვადა / DATE OF EXPIRY
30.06.2020

მფლობელის ხელმოწერა / HOLDER'S SIGNATURE

უფლებამოსილი პირის ხელმოწერა / AUTHORITY SIGNATURE

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ვიზა / VISA

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შენიშვნები / REMARKS

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შესაძლებელია საქართველოს საგარეო
საქმეთა სამინისტროს ოფიციალურ ვებ-
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Schweizerische Eidgenossenschaft
Confédération suisse
Confederazione Svizzera
Confederaziun svizra

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

MEDIF - MEDICAL INFORMATION FORM

1. Patient (Name / First name)		
DZABAKHIDZE ALEKSANDRE		
Number	Date of Birth	Gender
720 332	18APR09	male

2. Medical expert (First name / Name)	
Julia Wagner, Serfattin Onk	
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 200424 10.15: 15 pages.
F43.2, F93.8, Q05.7. not sufficient information about onset.

Documents requested by OSEARA / further clarifications submitted to SwissRepat done by the responsible Canton:-

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.

spinal surgery

4. Current symptoms and severity

Clubfoot

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.

WCHR	☐	WCHS	☐	WCHC	☒

Schweizerische Eidgenossenschaft
Confédération suisse
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State Secretariat for Migration
Return Division

Schweizerische Eidgenossenschaft
Confédération suisse
Confederazione Svizzera
Confederaziun svizra

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

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.

The SEM has not provided access to the medical information as required for medical assessments. The SEM also does not provide any information on vital signs, medical status, physical performance or the person's health literacy for a competent decision on return.

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	ONK, MD GLN 7601007786992 WAGNER, MD PhD GLN 7601003357554	Place and date	ZRH, 200430

Schweizerische Eidgenossenschaft
Confédération suisse
Confederazione Svizzera
Confederaziun svizra

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

MEDIF - MEDICAL INFORMATION FORM

1. Patient (Name / First name)		
ZURABASHVILI Ekaterine		
Number	Date of Birth	Gender
720 332	05MAR87	female

2. Medical expert (First name / Name)	
Julia Wagner, psychiatrist. Serafettin Onk,	
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 200424 10.03: 13 pages.
F43.1, E11.9. E66.02. No information about onset. Pharmacotherapy.
Documents requested by OSEARA / further clarifications submitted to SwissRepat done by the responsible Canton

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.

no information

4. Current symptoms and severity

insomnia, emotional lability

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.

WCHR	☐	WCHS	☐	WCHC	☐

Schweizerische Eidgenossenschaft
Confédération suisse
Confederazione Svizzera
Confederaziun svizra

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

MEDIF - MEDICAL INFORMATION FORM

7. Medication list needed during flight

8. Current medication

Sertralin, Lorazepam, Metformin

9. Reserve medication

Lorazepam

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.

The SEM has not provided accurate access to the medical information as required for medical assessments. The SEM also does not provide any information on vital signs, medical status, physical performance or the person's health literacy for a competent decision on return.

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 ☒

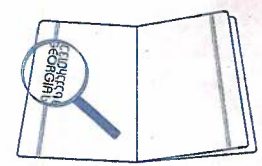
If yes, please give further information:
➔

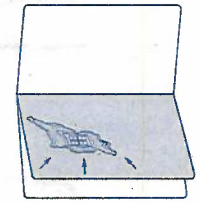
Medical expert signature and stamp	WAGNER, MD PhD GLN 7601003357554 ONK, MD GLN 7601007786992	Place and date	ZRH, 200430

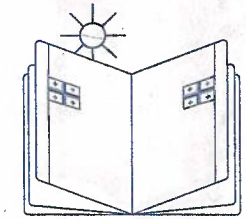
საქართველოს
პასპორტი

Georgia
PASSPORT

შენიშვნები/REMARKS







საქართველო
პასპორტი PASSPORT

Georgia

ტიპი TYPE P
ქვეყნის კოდი CODE OF STATE GEO
პასპორტი / PASSPORT
16AA04103

გვარი / SURNAME
ზურაბაშვილი / ZURABASHVILI

სახელი / GIVEN NAME
ეკატერინე / EKATERINE

მოქალაქეობა / CITIZENSHIP
საქართველო / GEORGIA

დაბადების თარიღი / DATE OF BIRTH
05 მარ / MAR 1981

სქესი / SEX
მ / F

პირადი ნომერი / PERSONAL NUMBER
01011066759

დაბადების ადგილი / PLACE OF BIRTH
თბილისი / TBILISI

გაცემის თარიღი / DATE OF ISSUE
11 იან / JAN 2017

მოქმედების ვადა / EXPIRY DATE
11 იან / JAN 2027

გამცემი ორგანო / ISSUING AUTHORITY
იუსტიციის სამინისტრო
MINISTRY OF JUSTICE

მფლობელის ხელმოწერა / OWNER'S SIGNATURE

P<GEOZURABASHVILI<<EKATERINE<<<<<<<<<<<<<<<<
16AA041039GE08703053F2701116<<<<<<<<<<<<<<04

GENEVE
A 163
23.09.19 43
CH

04

05

11 11 2018 1
BIC 036
TSITELI KHIDI
STATE BORDER

AZƏRBAYCAN RESPUBLİKASI
CDSX
15 11 18 ⇒ 6
SIXLI
18

AZƏRBAYCAN RESPUBLİKASI
11 11 18 6
SIXLI
36

23 09 2019 5
BIC 020
TBILISI
STATE BORDER

48

16AA04103

ვასპორტი 48-გვერდიანია.
This passport contains 48 pages.

დამკვეთი: სსიპ სრს
დამამზადებელი: OT

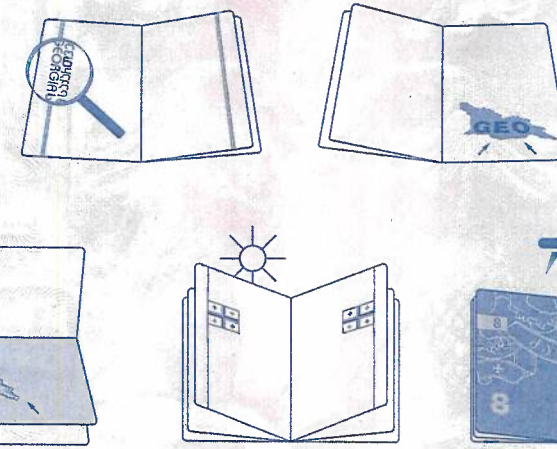
სფს-ს რეგისტრაციის № 26-2123

საქართველო

Georgia

PASSPORT

შენიშვნები/REMARKS



პასპორტი PASSPORT

საქართველო Georgia

ტიპი TYPE	P	ქვეყნის კოდი CODE OF STATE	GEO
პასპორტი / PASSPORT	18AB22588		

გვარი / SURNAME
ძაბახიძე / DZABAKHIDZE

სახელი / GIVEN NAME
ალექსანდრე / ALEKSANDRE

მოქალაქეობა / CITIZENSHIP
საქართველო / GEORGIA

დაბადების თარიღი / DATE OF BIRTH	სქესი / SEX	პირადი ნომერი / PERSONAL NUMBER
18 აპრ / APR 2009	მ / M	01353002475

დაბადების ადგილი / PLACE OF BIRTH
თბილისი / TBILISI

გაცემის თარიღი / DATE OF ISSUE	მოქმედების ვადა / EXPIRY DATE
23 ოქტ / OCT 2018	23 ოქტ / OCT 2021

გამცემი ორგანო / ISSUING AUTHORITY
იუსტიციის სამინისტრო
MINISTRY OF JUSTICE

მფლობელის ხელმოწერა / OWNER'S SIGNATURE

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This passport contains 48 pages.

დამკვეთი: სსიპ სრს
დამამზადებელი: OT
სფს-ს რეგისტრაციის № 26-2123

Schweizerische Eidgenossenschaft
Confédération suisse
Confederazione Svizzera
Confederaziun svizra

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

MEDIF - MEDICAL INFORMATION FORM

1. Patient (Name / First name)		
SINAURIDZE Medeia		
Number	Date of Birth	Gender
721 112	05MAY59	female

2. Medical expert (First name / Name)	
Serafettin Onk	
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 200504 08.53: 30 pages.
Iron deficiency, obesity per magna, ulcer on the right lower leg, anamnestically knee arthrosis on both sides, anamnestically St. after pulmonary embolism. Date of onset not indicated. Pharmacotherapy.

Documents requested by OSEARA / further clarifications submitted to SwissRepat done by the responsible Canton: -

The SEM has not submitted any documents regarding a clarification or diagnosis of an infectious disease. No statement can therefore be made in this regard.

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.

Split skin graft. Years ago.

4. Current symptoms and severity

Pain, limitation of the walking distance, limited performance

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	☒

without assistance?	
b. Wheelchair required for boarding.	
WCHR ☒ WCHS ☐ WCHC ☐	

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MEDIF - MEDICAL INFORMATION FORM

7. Medication list needed during flight

8. Current medication

Macrogol, combinations, Pantoprazol, Iron III hydroxide polymaltose complex, Acenocoumarol

9. Reserve medication

Ibuprofen, Paracetamol, Metamizol, Tramadol

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.

The 6min walking test could not be carried out due to lack of fitness. It is therefore necessary to carry 2l oxygen / min in reserve for the flight. The person should wear support stockings for the flight.

The SEM has not provided accurate access to the medical information as required for medical assessments. The SEM also does not provide any information on current vital signs, medical status, physical performance or the person's health literacy for a competent decision on return.

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:
➔

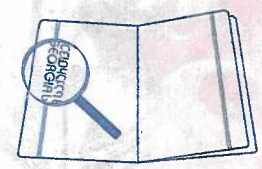
Medical expert signature and stamp	ONK, MD GLN 7601007786992	Place and date	ZRH, 200505

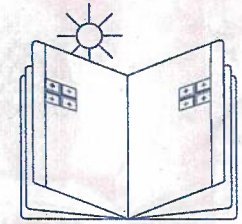
საქართველო

Georgia

შენიშვნები/REMARKS

03





პასპორტი PASSPORT

საქართველო

Georgia

გაცი TYPE	P	ქვეყნის კოდი CODE OF STATE	GEO
პასპორტი PASSPORT	11BA77642		

გვარი / SURNAME
სინაურიძე / SINAURIDZE

სახელი / GIVEN NAME
მედეია / MEDEIA

მოქალაქეობა / CITIZENSHIP
საქართველო / GEORGIA

პირადი ნომერი / PERSONAL NUMBER
60001003857

დაბადების თარიღი / DATE OF BIRTH
05 მაი / MAY 1959

სქესი / SEX
მდ / F

დაბადების ადგილი / PLACE OF BIRTH
ქუთაისი / KUTAISI

მფლობელის ხელმოწერა / OWNER'S SIGNATURE

გაცემის თარიღი / DATE OF ISSUE
21 ოქტ / OCT 2014

მოქმედების ვადა / EXPIRY DATE
21 ოქტ / OCT 2024

გამცემი ორგანო / ISSUING AUTHORITY
იუსტიციის სამინისტრო / MINISTRY OF JUSTICE

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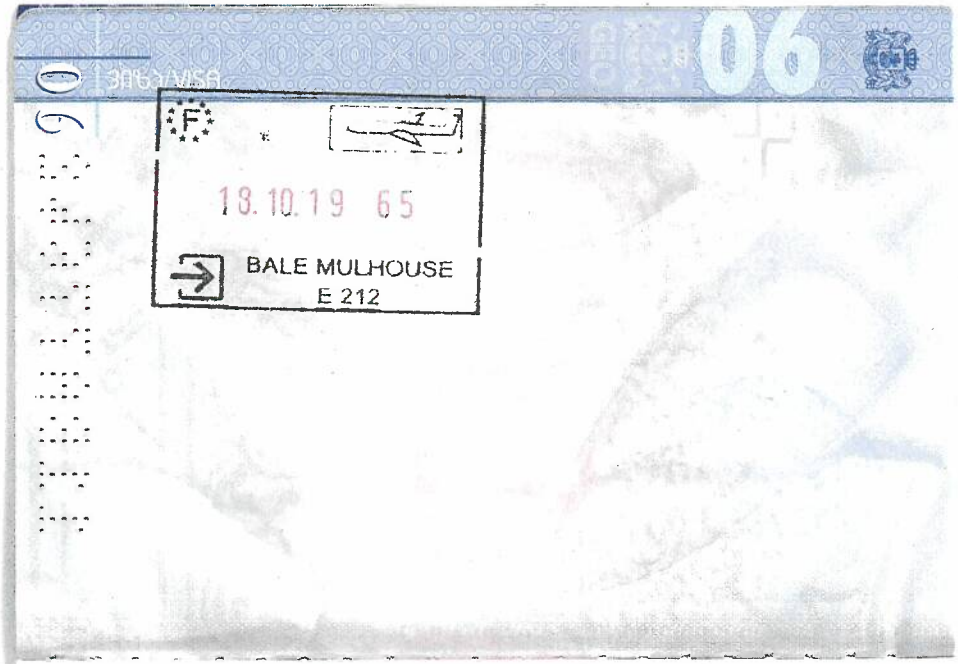
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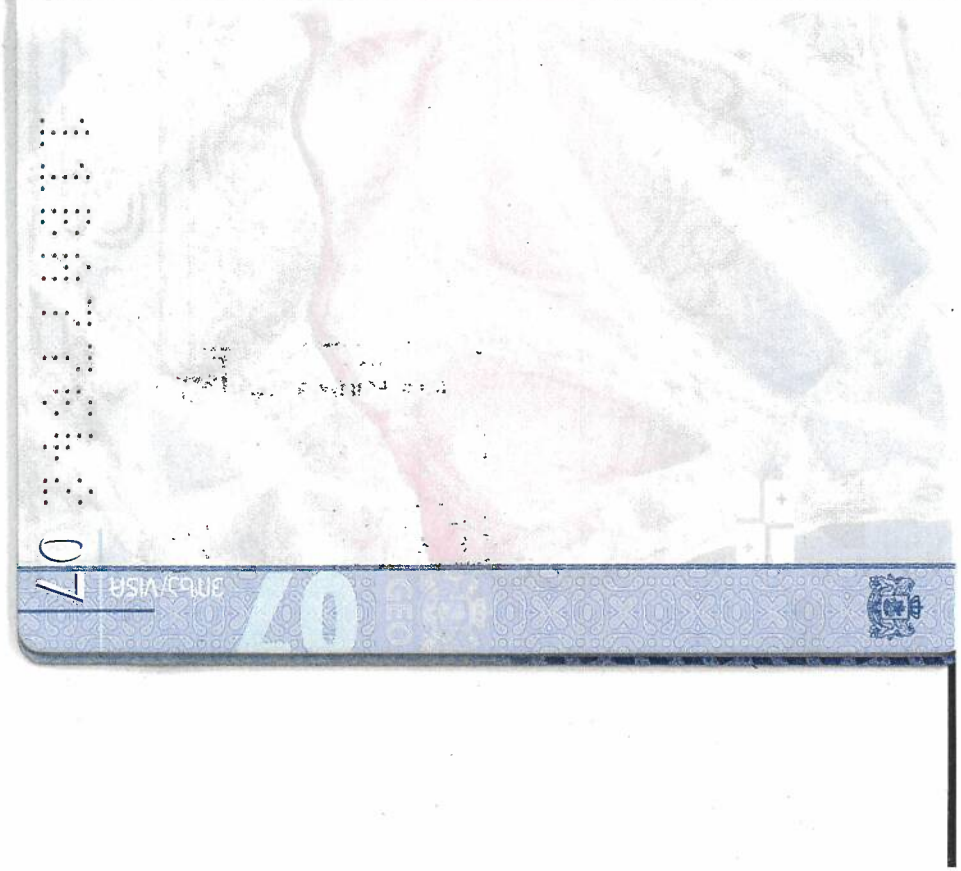
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დამკვეთი: სსიპ სრს

დამამზადებელი: OT

სფს-ს რეგისტრაციის № 26-2123