

Medical Report in Cases of Return / Enforcement of Removal Orders¹

The attending physician is to report on the returnee's medical history, providing information on possible contra-indications, but not assessing fitness to travel. Fitness to travel is to be assessed on the basis of the information provided here and any further investigations carried out by the organisation responsible for providing medical escorts.

Details of the person concerned

Given name(s), surname _____

Date of birth _____

Nationality _____

Confidential: this form is to be delivered to the cantonal enforcement authorities in a sealed envelope or via secure e-mail and forwarded to the physician responsible.

Name and address of the physician

First name, surname _____

Telephone no. _____

e-mail _____

Use of an interpreter

yes

no

1. Informed Consent

I hereby accept that medical information may be passed on by the enforcement authorities to the organisation responsible for providing medical escorts for returnees.

Place, date _____

Legally valid signature of the patient _____

If the patient does not consent to the sharing of medical information, the form is not to be completed (page 2), and the authorities are to be notified accordingly.

If consent is refused in spite of a warning that the sharing of medical information would be in the patient's best interests, the physician must consider whether the resulting danger to the patient is sufficiently serious to justify the competent authorities in releasing him/her from the duty to maintain confidentiality. If so, an appropriate application is to be submitted and the cantonal enforcement authorities are to be informed.

¹ This form is to be used for persons subject to a legally binding removal order and is not identical to the Medical Report for Asylum Seekers (www.sem.admin.ch/sem/en/home/themen/aufenthalt/nicht_eu_efta/ausweis_n__asylsuchende.html).

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2. Treatment Duration

Date of examination _____

Treatment from _____

to _____

Symptoms reported

Contraindications established in accordance with the list of contraindications²

3. Treatment and Medication

Current treatment _____

since _____

estimated until _____

Recommendations on required³ and appropriate further treatment

4. Additional Comments by the Physician

Date

Printed name of physician
(including contact information)

Signature

² See www.sams.ch/medical-contraindications

³ In the case of a newly diagnosed illness, if the patient's health would be seriously endangered by a lack of further treatment, the physician should advise the patient to pass this information on to the cantonal migration authority.