



**Assessment of Travel Fitness of Mr / Mrs** \_\_\_\_\_

1	<p>I, _____ (name of migrant) hereby relieve Dr. _____ (name of physician) of his/her professional duty of confidentiality in respect of information relevant to my return.</p> <p>Returnee's signature: _____</p>
2	<b>Diagnosis:</b>
3	<b>Medical History:</b>
4	<b>Medication / Treatment:</b>
5	<b>Recommendation for future treatment:</b>



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**6 Medically fit for travel:**

- Yes, without escort
- Yes, but only with escort (→ question 7)
- No, travel should be postponed until condition is stabilized

**7 Recommendation type of escort:**

- Physician, Psychiatrist
- Nurse
- Social (social assistant, family)
- Other: please specify \_\_\_\_\_

**8 Recommendation(s) for journey:**

- Wheelchair
- Medical Vehicle/ambulance (to airport / upon arrival)
- Oxygen
- Stretcher
- 3-Seats
- Air-Lift
- Other medical requirements during travel: \_\_\_\_\_
- Special medication during travel: \_\_\_\_\_
- Comments \_\_\_\_\_

**9 Post-arrival recommendation(s):**

- Medical check upon arrival
- Other recommendations: \_\_\_\_\_

Contact details of treating physician: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_