

Medical Check Form

To Sydney Clerical Council for Personal Affair

1. This is to confirm that I have discussed with the General Practitioner (GP) of my future partner _____ his/her following medical conditions.

STI (Sexual Transmitted Infections)

BSL (Blood Sugar Level)

HBA1C

Any history of mental illness and its effect on our married life.

Furthermore, I am happy to proceed with my marriage in the Coptic Orthodox Church.

Name: _____ Signature: _____

Date: _____

2. I did not discuss the above medical conditions of my future partner. As a result, I understand that after marriage the medical conditions stated cannot be used as a ground of annulment.

Name: _____ Signature: _____

Date: _____