



**COPTIC ORTHODOX PATRIARCHATE**  
**ST. MARY AND ST. JOSEPH**  
COPTIC ORTHODOX CHURCH  
RICHMOND HILL, ONTARIO

---

*"How lovely is Your tabernacle, O Lord of hosts. My soul longs, yes, even faints for the courts of the Lord" (Psalm 84)*

---

**Consent Form**

I/we testify that:

- 1) Have not traveled outside Canada in the past 14 days.
- 2) Within the last 14 days, up to this point, I have not had any health symptoms of Fever (higher than 37.8 degrees Celsius), Chills, Cough, Shortness of breath, Sore throat, Difficulty swallowing, Runny or Stuffy nose, Lost sense of taste or smell, Pink eye, unusual Headache, Digestive issues, Muscle aches or fatigue Falling down often. For young children and infants: sluggishness or lack of appetite.
- 3) To my knowledge, have not come in contact with any infected person of COVID-19 or who is suspected to be infected within the last 14 days. Have not been in contact with someone with respiratory illness that has traveled outside Canada in the past 14 days.
- 4) I have been following the recommended physical distancing, sanitization and all other precautionary practices as outlined by the Ontario Ministry of Health
- 5) I am not in any of the at-risk groups listed by the government on <https://covid-19.ontario.ca/self-assessment/>.
- 6) I am in one or more of the at-risk groups listed by the government on <https://covid-19.ontario.ca/self-assessment/>. I assessed the risk with my doctor and decided to attend.
- 7) I agree that providing any false information above will result in cancelation of my registration without notice?
- 8) I/we will notify St. Mary & St. Joseph Church, Richmond Hill, if anything of the above changes whether just before attending the liturgy of choice or after 14 days of attending the liturgy of choice.

+ At-risk groups listed by the government on <https://covid-19.ontario.ca/self-assessment/>.

\*70 years old or older

\*Getting treatment that compromises (weakens) your immune system  
(for example, chemotherapy, medication for transplants, corticosteroids, TNF inhibitors)

\*Having a condition that compromises (weakens) your immune system  
(for example, lupus, rheumatoid arthritis, other autoimmune disorder)

\*Having a chronic (long-lasting) health condition  
(for example, diabetes, emphysema, asthma, heart condition)

\*Regularly going to a hospital or health care setting for a treatment  
(for example, dialysis, surgery, cancer treatment)

Name:

Signature:

Date:

---

11308 Yonge Street, Richmond Hill, ON, Canada L4S 1K9

Tel: (416) 800 MARY or (416) 800-3333, Fax: (416) 800-4444, Email: [smsj@smsj.ca](mailto:smsj@smsj.ca), Website: [www.smsj.ca](http://www.smsj.ca)

**Fr. Abraam Kamal**

**Fr. Youssef Iskander**

**Fr. Shenouda Meleka**

(416) 274-4744 [frabraam@smsj.ca](mailto:frabraam@smsj.ca)

(416) 471-0049 [fryoussef@smsj.ca](mailto:fryoussef@smsj.ca)

(416) 997-5166 [frshenouda@smsj.ca](mailto:frshenouda@smsj.ca)