



Dallas Fort Worth Kendo & Iaido Kyokai

COVID Vaccine Addendum

1. Name: _____
2. Date: _____
3. Have you received a vaccine for COVID-19?
Yes / No
4. Which vaccine manufacturer did you receive?
 - a. Pfizer
 - b. Moderna
 - c. Johnson & Johnson
 - d. Other: _____
5. What was the date of your first dose?

6. What was the date of your second dose?
