

COVID-19 Vaccination

If you have difficulty, please consult with Miyako International Association

If you want us to assist you on the day of your vaccination, please let us know your vaccination date, time, and place where you are going to receive vaccine.

↓ Please fill out the form below, and send it to us by fax or e-mail, or contact us by phone. ↓

Your name: _____

Your language: _____

When will you receive vaccine? _____ (date) _____ (month)

And where? _____



