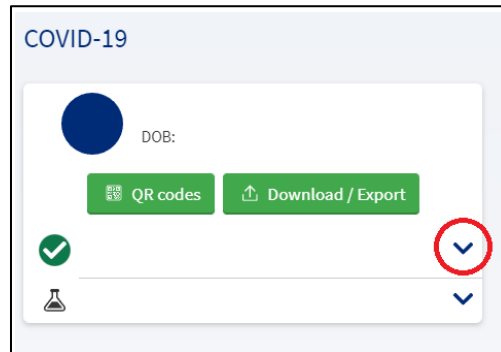


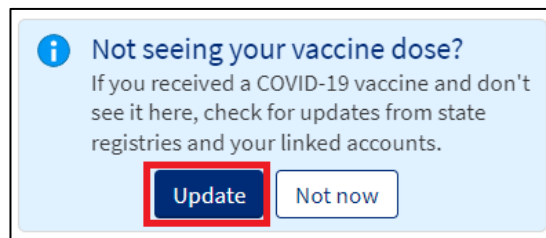
HOW TO SUBMIT COVID VACCINATION RECORDS IN JH MYCHART

Version 10/5/22

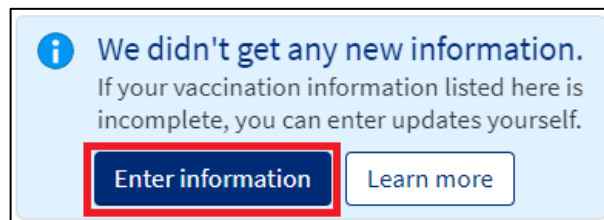
- 1) Sign in to your Johns Hopkins MyChart account.
- 2) Go to "Menu"
- 3) Find and click "COVID-19" under "My Record"
- 4) Click the first drop-down arrow



- 5) Look for the blue box that asks "Not seeing your vaccine dose?" Click "Update".



- 6) Wait for the system to finish searching. If no new data is found, the blue box will now say "We didn't get any new information". Click "Enter Information"




- 7) Answer the question "How many vaccine doses do you want to enter information for?". Click "Continue".

A screenshot of a form titled "Tell us about your COVID-19 vaccination." It includes a legend where an asterisk (*) indicates a required field. The first required question is "How many vaccine doses do you want to enter information for?", followed by a text input field. At the bottom, there are two buttons: "Continue" and "Cancel".

- 8) Choose the vaccine manufacturer, enter date administered, location, and lot number. You can enter the next vaccination information after you click “Continue”

Enter information about your COVID-19 vaccine dose.

* Vaccine manufacturer
Enter the manufacturer for this dose.
[Choose] ▼

* Date administered
Enter the date that this dose was administered.
MM/DD/YYYY 

Location
Enter where you received this dose. You can find the location in the Healthcare Professional or Clinic Site column on your COVID-19 Vaccination Record Card.

Lot number
Enter the lot number of this dose. You can find the lot number underneath the Manufacturer on your COVID-19 Vaccination Record Card.

- 9) Attach proof of vaccination. Click “Continue”.

* Indicates a required field.

* Attach proof of vaccinations ⓘ
Please upload a photo of your COVID-19 Vaccination Record Card.


COVID-19 Vaccination Record Card

Please keep this record card, which includes medical information about the vaccines you have received.
Por favor, guarde esta tarjeta de registro, que incluye información médica sobre las vacunas que ha recibido.

Last Name _____ First Name _____ MI _____

Date of birth _____ Patient: number (medical record or IIS record number) _____

Vaccine	Product Name/Manufacturer Lot Number	Date	Healthcare Professional or Clinic Site
1 st Dose COVID-19		mm / dd / yy	
2 nd Dose COVID-19		mm / dd / yy	
Other		mm / dd / yy	
Other		mm / dd / yy	

 Add a document or image

❗ This is required

- 10) Call the JHCCC at 443-287-8500 option 1 to reconcile your COVID vaccination in EPIC so you can schedule your Bivalent booster dose in MyChart.