

How to update your immunization record Visit www.jhah.com/en/about-mychart

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How-to Request Vaccination/Immunization Record Update through MyChart





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From the list, click "**Health Summary**" under "My Record" tab

| Q Search the menu | | | | |
|-------------------|---|--|--|--|
| My Record | 1 | | | |
| 🔆 COVID-19 Status | | | | |
| 🧭 To Do | | | | |
| 📩 Visits | | | | |
| 👗 Test Results | | | | |
| \land Medications | | | | |
| Health Summary | | | | |
| Health Summary | | | | |



Go to "Immunizations"

Health Summary



Use the tabs to open a section of your Health Summary.

| Current Health Issues | Medications | Allergies | Immunizations | |
|-----------------------|-------------|-----------|---------------|--|
| Preventive Care | | | | |



Click on "here" to start

| Current Health Issues | Medications | Allergies | Immunizations |
|----------------------------|-----------------|--------------|------------------|
| Preventive Care | | | |
| | | | |
| This is a list of immuniza | itions that you | r clinic has | on file for you. |

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Enter the number of immunizations that you want to add then click "Continue"

* You can enter up to three vaccines at one submission

| Fell us about | your vaccination. | |
|---------------|------------------------------------|-----|
| Indicates a | required field. | |
| How many | immunizations do you want to updat | e? |
| | | - D |
| | | |



Enter all required details and attach documents then click "Continue"

Enter information about the immunization you want to update. *Name of the vaccine Hepatitis B IPV Pneumoccal Rotavirus BCG OPV Varicella DTAP Hepatitis A TDAP/TD Td Other * Date administered Enter the date that this vaccine was administered. MM/DD/YYYY * Location Enter where you received this vaccine. * Attach proof of vaccination (i) Please upload a photo of your Vaccination Record Card. Add a document Continue Finish later Cancel



Review all your responses then click "Submit"

Please review your responses. To finish, click Submit. Or, click any question

| Questio | n | | | | Answ | er |
|---------------------|----------|----------------|------------|---------------|-------|----|
| How ma | any imm | iunizations d | lo you wan | t to update? | | |
| Enter in update. | formati | on about the | e immuniza | ation you wan | it to | |
| Nam | e of the | vaccine | | | | |
| Date | admini | stered | | | | |
| Loca | tion | | | | | |
| Attac | h proof: | of vaccination | on | | | |
| Submit | Ba | ck Finis | h later | Cancel | | |