



Cómo imprimir registros de vacunación desde su portal para pacientes:

PASO 1:

Inicie sesión en su portal de pacientes [aquí](#).

Dial 911 in the case of a medical emergency

Welcome to the Austin COVID Vaccine Clinic Patient Portal

Make a One-Time Payment

QuickPay Code, Statement ID, or Access Code

[Where can I find my code?](#)

By clicking **Make a Payment**, you represent that you are authorized to address the patient's billing matters.

Make a Payment

Sign In to Your Portal Account

We're using athenahealth to help you access your health information for different doctors' offices with just one email and password.

Start by clicking the button below, and logging in with the email and password you already use.

Log in with athenahealth

[Forgot your password?](#)

Questions? [Learn more.](#)

Don't have an account? [Sign up](#) today to stay connected to your healthcare.

PASO 2:

En la página de inicio de su portal, navegue hasta la barra lateral gris (a la izquierda de la pantalla) y haga clic en **Mi salud**.

Austin COVID Clinic

¿Prefieres el español? Messages DR Danielle

Home

Appointments

My health

Billing & payments

Learn the facts about COVID-19

The health of you, your family, and the community is our top priority. Take a moment to learn how to protect yourself and prevent the spread of COVID-19 (2019 novel coronavirus).

CDC guide to COVID-19

DR Good afternoon, Danielle!



PASO 3:

En Mi Salud, haga clic en **Historial Médico**.

Austin COVID Clinic

¿Prefieres el español? Messages DR

Home Appointments **My health** Billing & payments

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My Health

Test Results Medications Care Summaries **Medical History** Health Records Tobacco History Medical Forms Learning Materials

PASO 4:

En **Historial Médico**, haga clic en **Mostrar detalles de la vacuna** para ver información adicional sobre la vacunación.

My Health

Test Results Medications Care Summaries **Medical History** Health Records Tobacco History Medical Forms Learning Materials

Your health information is shown below.

Questions for your provider? Need to update your medical history? [Send a Message](#)

[Print All](#)

Allergies
No allergies are listed in your records.

Vaccinations [Show vaccine details](#) [Print](#)


Vaccine	Type	Date Received
COVID-19	Covid-19, Mrna, Lnp-s, Pf, 30 Mcg/0.3 MI Dose	02/03/2021



PASO 5:

Haga clic en **Imprimir todo** (parte superior derecha de la pantalla). **NO HAGA clic en el icono Imprimir** junto al enlace Mostrar / Ocultar detalles de la vacuna.

Allergies
No allergies are listed in your records.

Vaccinations [Hide vaccine details](#) 

Vaccine	Type	Date Received
COVID-19	Covid-19, Mrna, Lnp-s, Pf, 30 Mcg/0.3 MI Dose	02/03/2021
Manufacturer:	Route:	Vaccinator:
Lot Number:	Site:	VIS Given:
Expiration:	Amount:	Date on VIS:
COVID-19	Covid-19, Mrna, Lnp-s, Pf, 30 Mcg/0.3 MI Dose	02/24/2021
Manufacturer:	Route:	Vaccinator:

PASO 6:

Elija **Imprimir** su registro o **Guardar como PDF**.

3/25/2021 Patient Portal - health > history

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My Health
Test Results Medications Care Summaries **Medical History** Health Records
Tobacco History Medical Forms Learning Materials

The University of Texas at Austin
UT Health Austin

Health Transformation Building
3603 Trinity Street
Austin, Texas 78722
1-833-UT-CARES (1-833-862-2737)
www.uthealthaustin.org


Patient Name: [REDACTED]
Date of Birth: [REDACTED]

Allergies
No allergies are listed in your records.

Vaccinations

Vaccine	Type	Date Received
[REDACTED]	[REDACTED]	[REDACTED]

Print 2 pages

Destination  Save as PDF

Pages All

Layout Portrait

More settings