

**COVID-19 Vaccination  
Excelsior Pass *Plus***

FIRST NAME  
Outside-FTWOA

LAST NAME  
Outside-TWOA

D.O.B  
07/05/1958



Always keep the Pass *Plus* secure and only share/present with trusted entities.  
Please have photo ID available when presenting your Pass *Plus* for verification.



**Vaccination Record**

DATE	VACCINE TYPE	VACCINE SITE	LOT NUMBER
DOSE 1 of 2 01/06/2021	Moderna COVID-19 Vaccine	NJ Provider Three	111X328
DOSE 2 of 2 02/06/2021	Pfizer COVID-19 Vaccine	NJ Provider Three	111X328