

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

FIRST NAME

Melvin

LAST NAME

Fernandez

D.O.B

05/23/1975

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.



**EXCELSIOR
PASS *PLUS***

Vaccination Record

DATE	VACCINE TYPE	VACCINE SITE	LOT NUMBER
DOSE 1 of 1 04/13/2021	Johnson & Johnson (Janssen) COVID-19 Vaccine	sociis natoque penatibus	111x345