

COVID-19 Vaccination
Excelsior Pass *Plus*

FIRST NAME
RTPCR-FFOURC

LAST NAME
RTPCR-FOURC

D.O.B
07/23/1958

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 01/24/2021	Moderna COVID-19 Vaccine	Mount Sinai Hospital	111x168
DOSE 2 of 2 02/24/2021	Moderna COVID-19 Vaccine	Northwell - NORTHSHORE HOSP BD 92032	111x169