

# COVID-19 Vaccination Excelsior Pass *Plus*

FIRST NAME  
Duncan

LAST NAME  
Fischer

D.O.B.  
10/24/11



Please have photo ID available when presenting your Pass *Plus* for verification.

Always keep the Pass *Plus* secure and only share/present with trusted entities.



## First Complete Vaccination Series

DATE	VACCINE TYPE	VACCINATION SITE	LOT NUMBER
DOSE 1 OF 2 11/4/21	Pfizer COVID-19 Vaccine	Affiliated Physicians - NY...	FK5127
DOSE 2 OF 2 11/26/21	Pfizer COVID-19 Vaccine	Affiliated Physicians - NY...	FK5618

## Other Dose(s)

ADDITIONAL DOSE 6/7/22	Pfizer COVID-19 Vaccine	CVS Store #2716	FL8094
---------------------------	-------------------------	-----------------	--------