

COVID-19 Vaccination Excelsior Pass *Plus*

FIRST NAME

Uwe

LAST NAME

Hametner

D.O.B

03/16/1974



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

Initial Vaccination Series

DATE	VACCINE TYPE	VACCINE SITE	LOT NUMBER
DOSE 1 of 2 11/10/2021	Moderna COVID-19 Vaccine	STC HUB - CVS Store #2702	034F21A
DOSE 2 of 2 12/08/2021	Moderna COVID-19 Vaccine	STC HUB - CVS Store #2702	065F21A