

Use this checklist to determine if a patient meets the restrictions for funding in the **hospital setting**. For more details, refer to [Section H](#) of the Pharmaceutical Schedule. For community funding, see the [Special Authority Criteria](#).

PRESCRIBER

Name:

Ward:

PATIENT:

Name:

NHI:

Pneumococcal (PCV10) conjugate vaccine

INITIATION

Prerequisites (tick box where appropriate)

A primary course of three doses for previously unvaccinated individuals up to the age of 59 months inclusive

Note: Please refer to the Immunisation Handbook for the appropriate schedule for catch up programmes

HOSPITAL

I confirm that the above details are correct:

Signed: Date: