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.

RESCRI	IBER		PATIENT:			
ame:			Name:			
ard:			NHI:			
ening	ocod	ccal B multicomponent vaccine				
e-asses	ssmer	Primary immunisation for children up to 12 m	nonths of age			
rerequi	isites	(tick boxes where appropriate)				
or	0	Three doses for children up to 12 months of age (inclusive) for primary immunisation				
	O Up to three doses (dependent on age at first dose) for a catch-up programme for children from 13 months to 59 mo (inclusive) for primary immunisation, from 1 March 2023 to 31 August 2025					
		Person is one year of age or over (tick boxes where appropriate)				
or	0	Up to two doses and a booster every five years for patients pre- and post-splenectomy and for patients with functional or anatomic asplenia, HIV, complement deficiency (acquired or inherited), or pre- or post-solid organ transplant				
or	0	Up to two doses for close contacts of meningococcal cases of any group				
or	0	Up to two doses for person who has previously had meningococcal disease of any group				
or	0	Jp to two doses for bone marrow transplant patients				
	0	Up to two doses for person pre- and post-immu	unosuppression*			
e-asses	ssmer	Person is aged between 13 and 25 years (including the required after 2 doses (tick boxes where appropriate)	lusive)			
and	O	Person is aged between 13 and 25 years (inclu	usive)			
	or	tertiary education halls of residence, milit	ng within the next three months, or in their first year of living in boarding school hostels, tary barracks, Youth Justice residences, or prisons			
	OI OI		ars of age while living in boarding school hostels			
		nosuppression due to corticosteroid or other im 28 days.	nmunosuppressive therapy must be for a period of			

I confirm that the above details are correct:

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