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:				
Nard:				
iphth	eria,	ı, tetanus and pertussis vaccine		
INITIATI Prerequ		es (tick boxes where appropriate)		
or	0	A single dose for pregnant women in the second or third trimester of each pregnancy; or		
	0	A single dose for parents or primary caregivers of infants admitted to a Neonatal Intensive Care Unit or Specialist Care Baby Unit for more than 3 days, who had not been exposed to maternal vaccination at least 14 days prior to birth; or		
O A course of up to four doses is funded for children from age 7 up the age of 18 years inclusive to complete		of 18 years inclusive to complete full primary immunisation		
	An additional four doses (as appropriate) are funded for (re-)immunisation for patients post haematopoietic stem cell transplantation or chemotherapy; pre or post splenectomy; pre- or post solid organ transplant, renal dialysis and other severely immunosuppressiv regimens			
or	0	A single dose for vaccination of patients aged from 65 years old		
or	0	A single dose for vaccination of patients aged from 45 years old who have not had 4 previous tetanus doses		
or	O For vaccination of previously unimmunised or partially immunised patients			
or	$\circ$	For revaccination following immunosuppression		
or	0	For boosting of patients with tetanus-prone wounds		

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

I confirm that the above details are correct:	
Signed:	Date: