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.

RESCRIBER			PATIENT:	
ne:			Name:	
rd:			NHI:	
hthe	ria,	tetanus and pertussis vaccine		
TIATIO	ON			
erequi	sites	(tick boxes where appropriate)		
	O	A single dose for pregnant women in the second or third trimes	ster of each pregnancy; or	
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		
	\circ	A course of up to four doses is funded for children from age 7 up the age of 18 years inclusive to complete full primary immunisation		
or	An additional four doses (as appropriate) are funded for (re-)immunisation for patients post haematopoietic stem cell to chemotherapy; pre or post splenectomy; pre- or post solid organ transplant, renal dialysis and other severely immunications.			
or	\circ	A single dose for vaccination of patients aged from 65 years of	d	
or	O	A single dose for vaccination of patients aged from 45 years of	d who have not had 4 previous tetanus doses	
or	O	For vaccination of previously unimmunised or partially immunis	eed patients	
or	0	For revaccination following immunosuppression		
or	\bigcirc	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: