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.

RESCR	IBER	PATIENT:
lame:		Name:
/ard:		NHI:
lening	ococcal B multicomponent vaccine	
Re-asses	ON – Primary immunisation for children up to 12 months of a ssment required after 3 doses isites (tick boxes where appropriate)	age
or		atch-up programme for children from 13 months to 59 months of age
	ON – Person is one year of age or over isites (tick boxes where appropriate)	
or or or	asplenia, HIV, complement deficiency (acquired or inherite  Up to two doses for close contacts of meningococcal case  Up to two doses for person who has previously had mening	es of any group
le-asse	ON – Person is aged between 13 and 25 years (inclusive) ssment required after 2 doses isites (tick boxes where appropriate)	
an		
	'Immunosuppression due to corticosteroid or other immunosupp than 28 days.	pressive therapy must be for a period of