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.

|                |   | PATIENT:  |  |  |
|----------------|---|---|--|--|
| lame:          |   | Name:   |  |  |
| Vard:          |   |   |  |  |
| aricella va    | ccine [Chickenpox vaccine]  |   |  |  |
| Re-assessmei   | primary vaccinations nt required after 1 dose s (tick boxes where appropriate)  |   |  |  |
| or O           | Any infant born on or after 1 April 2016  For previously unvaccinated children turning 11 years old on (chickenpox)                 | or after 1 July 2017, who have not previously had a varicella infection |  |  |
| Re-assessmei   | other conditions nt required after 2 doses (tick boxes where appropriate)   |   |  |  |
| or<br>or<br>or | With deteriorating renal function before transplantation  Prior to solid organ transplant  Prior to any elective immunosuppression* |   |  |  |
| or             | For patients at least 2 years after bone marrow transplantation   | on, on advice of their specialist                                       |  |  |

I confirm that the above details are correct:

| 0:        | D - 1 - 1 |  |
|-----------|-----------|--|
| Zigneg.   | i jate:   |  |
| Oigilica. | <br>Duic. |  |