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: .....

Ward: .....

PATIENT:

Name: .....

NHI: .....

Diphtheria, tetanus, pertussis and polio vaccine

INITIATION

Prerequisites (tick boxes where appropriate)

- ○ A single dose for children up to the age of 7 who have completed primary immunisation

or

- ○ A course of up to four vaccines is funded for catch up programmes for children (to the age of 10 years) to complete full primary immunisation

or

- ○ An additional four doses (as appropriate) are funded for (re-)immunisation for patients post HSCT, or chemotherapy; pre- or post splenectomy; pre- or post solid organ transplant, renal dialysis and other severely immunosuppressive regimens

or

- ○ Five doses will be funded for children requiring solid organ transplantation

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

I confirm that the above details are correct:

Signed: ..... Date: .....