

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:

COVID-19 vaccine**INITIATION – initial dose****Prerequisites** (tick boxes where appropriate)

- ☐ One dose for previously unvaccinated people aged 12-15 years old
- or
- ☐ Up to three doses for immunocompromised people aged 12-15 years old
- or
- ☐ Up to two doses for previously unvaccinated people 16-29 years old
- or
- ☐ Up to four doses for people aged 16-29 at high risk of severe illness
- or
- ☐ One dose for previously unvaccinated people aged 30 and older

INITIATION – additional dose**Prerequisites** (tick box where appropriate)

- ☐ One additional dose every 6 months for people aged 30 years and over, additional dose is given at least 6 months after last dose

CONTINUATION – additional dose**Prerequisites** (tick box where appropriate)

- ☐ One additional dose every 6 months for people aged 30 years and over, additional dose is given at least 6 months after last dose

I confirm that the above details are correct:

Signed: Date: