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				PATIENT:
Name:				Name:
Ward:				NHI:
Diphtheria, tetanus, pertussis and polio vaccine				
INITIATION Prerequisites (tick boxes where appropriate)				
		0	A single dose for children up to the age of 7 who have completed primary immunisation	
	or	0	A course of up to four vaccines is funded for catch up program immunisation	nmes for children (to the age of 10 years) to complete full primary
	or	0	An additional four doses (as appropriate) are funded for (re-)ir splenectomy; pre- or post solid organ transplant, renal dialysis	nmunisation for patients post HSCT, or chemotherapy; pre- or post and other severely immunosuppressive regimens
		0	Five doses will be funded for children requiring solid organ tra	nsplantation
Note: Please refer to the Immunisation Handbook for appropriate schedule for catch up programmes				