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:
Haemophilus influenzae type B vaccine				
INITIATION Re-assessment required after 1 dose Prerequisites (tick boxes where appropriate)				
		0	For primary vaccination in children	
	or	0	An additional dose (as appropriate) is funded for (re-)immunisation for patients post haematopoietic stem cell transplantation, or chemotherapy; functional asplenic; pre or post splenectomy; pre- or post solid organ transplant, pre- or post cochlear implants, renal dialysis and other severely immunosuppressive regimens	
	or	0	For use in testing for primary immunodeficiency diseases, on t	the recommendation of an internal medicine physician or paediatrician