

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 and pertussis vaccine**

**INITIATION**

**Prerequisites** (tick boxes where appropriate)

- ☐ A single dose for pregnant women in the second or third trimester of each pregnancy; or
- or
- ☐ A single dose for parents or primary caregivers of infants admitted to a Neonatal Intensive Care Unit or Specialist Care Baby Unit for more than 3 days, who had not been exposed to maternal vaccination at least 14 days prior to birth; or
- or
- ☐ A course of up to four doses is funded for children from age 7 up the age of 18 years inclusive to complete full primary immunisation
- or
- ☐ An additional four doses (as appropriate) are funded for (re-)immunisation for patients post haematopoietic stem cell transplantation or chemotherapy; pre or post splenectomy; pre- or post solid organ transplant, renal dialysis and other severely immunosuppressive regimens
- or
- ☐ A single dose for vaccination of patients aged from 65 years old
- or
- ☐ A single dose for vaccination of patients aged from 45 years old who have not had 4 previous tetanus doses
- or
- ☐ For vaccination of previously unimmunised or partially immunised patients
- or
- ☐ For revaccination following immunosuppression
- or
- ☐ For boosting of patients with tetanus-prone wounds

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

I confirm that the above details are correct:

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