

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: .....