

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: NHI:

Hepatitis A vaccine

INITIATION

Prerequisites (tick boxes where appropriate)

- or
- Two vaccinations for use in transplant patients
 - Two vaccinations for use in children with chronic liver disease
 - One dose of vaccine for close contacts of known hepatitis A cases

I confirm that the above details are correct:

Signed: Date: