

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: .....

**COVID-19 vaccine**

**INITIATION – initial dose**

**Prerequisites** (tick boxes where appropriate)

- One dose for previously unvaccinated people aged 12-15 years and over 30 years old
- or
- Two doses for previously unvaccinated people aged 16-29 years old
- or
- Up to three doses for previously unvaccinated immunocompromised people from 12 years old
- or
- Up to four doses for people at risk of severe illness aged from 12-29 years

**CONTINUATION – additional dose**

**Prerequisites** (tick boxes where appropriate)

- One additional dose with the most current variant-matched vaccine every 6 months, additional dose to be given at least 6 months after last dose
- and
- Previously vaccinated people aged 30 years and over
- or
- Previously vaccinated immunocompromised people from 12 years
- or
- Previously vaccinated people at high-risk of severe illness from 12 years

I confirm that the above details are correct:

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