

CONTINENTAL VISA SERVICES



CONTINENTAL VISA SERVICES,

Ground Floor,
7 Fitzwilliam Street Upper,
Grand Canal Dock,
Dublin 2,
D02 WP92,
Republic of Ireland.

T: +353 (0) 1 678 5930 | F: +353 (0) 1 662 4812

E: contvisa@yahoo.ie | W: www.saudivisa.ie

REQUIREMENTS FOR MEDICAL REPORT APPLICATION FORM

The MEDICAL REPORT APPLICATION FORM **MUST** be **FULLY-COMPLETED** by an **IRISH-PHYSICIAN** in **TYPE-WRITTEN FORMAT (ELECTRONICALLY)**, and then **SIGNED** and **STAMPED** by the **IRISH-PHYSICIAN** also.

PLEASE NOTE: That the **IRISH PHYSICIAN** **MUST** include the **MEDICAL COUNCIL NUMBER** on the MEDICAL REPORT APPLICATION FORM.

Subsequently after, the applicant **MUST** take their **FULLY-COMPLETED MEDICAL REPORT APPLICATION FORM** to be **LEGALIZED** by the **IRISH DEPARTMENT OF FOREIGN AFFAIRS OFFICE IN IRELAND** via the below address:

IRISH DEPARTMENT OF FOREIGN AFFAIRS OFFICE ADDRESS:

Department of Foreign Affairs & Trade,
The Dublin Passport Office,
Knockmaun House,
42-47 Mount Street Lower,
Grand Canal Dock,
Dublin Southside,
Dublin 2,
D02 TN83,
Republic of Ireland.
Tel: +353 (0) 1 671 1633

PLEASE NOTE: THAT THE **IRISH DEPARTMENT OF FOREIGN AFFAIRS OFFICE IN IRELAND,** WILL NOT **AUTHENTICATE** ANY **MEDICAL REPORT APPLICATION FORMS** OR **DOCUMENTS** WITHOUT THE **MEDICAL COUNCIL NUMBER** BEING INCLUDED ON THE DOCUMENT; SO PLEASE ENSURE THAT THE **IRISH-PHYSICIAN** INCLUDES THE **MEDICAL COUNCIL NUMBER** ONTO THE MEDICAL REPORT APPLICATION FORM.