



## ENDURANCE GB MEDICAL CARD

### NEXT OF KIN:

Relationship:.....

Name (in full) :.....

Address:.....

.....Postcode.....

Tel: ..... Mob:.....



### PERSONAL DETAILS:

Name (in full) :.....

EGB Membership No :.....

Address:.....

.....Postcode.....

Tel: ..... Mob:.....

Name & address of GP: .....

.....Postcode.....

Tel:.....

Blood Group:..... Last tetanus injection.....

