

LSJE, LLC
6100 Red Hook Quarters, Suite B-3, St. Thomas, VI 00802-1348
Phone [REDACTED]

Emergency Contact Form

Today's Date: 4-2-20-19 Start Date: 4-2-20-19

Employee Name: Rebecca ALBERTSTE Date of Birth: [REDACTED]

Physical Address: [REDACTED]

Mailing Address: [REDACTED]

Cell Phone: [REDACTED] Phone (other): [REDACTED]

E-mail: [REDACTED] Marital Status: [REDACTED]

Title/Position: MANAGER Driver's License No: [REDACTED]

Allergies or Health Concerns: [REDACTED]

Blood type: A- A+ AB- AB+ B- B+ O- O+ Unknown

Current Medications: [REDACTED]

Doctor's Name: [REDACTED] Doctor's Phone: [REDACTED]

Doctor's Name: [REDACTED] Doctor's Phone: [REDACTED]

In case of emergency, please contact:

Name: No Phone Relationship: Brother Phone: [REDACTED]

Name: Beverly Relationship: Sister Phone: [REDACTED]

This information is for your safety and the safety of others.

CONFIDENTIAL