

# LSJE, LLC

6100 Red Hook Quarters Suite B-3 St. Thomas, VI 00802 Tel: [REDACTED] Fax: [REDACTED]

## Emergency Contact Form

Date: 03/22/18

Start Date: 03/22/18

Employee Name: Boniface Loudat

Address: Bovoni 16-3G MTRF, St Thomas

Date of Birth: [REDACTED]

Phone: [REDACTED]

Cell: [REDACTED]

E-Mail: \_\_\_\_\_

Title / Position: Carpenter/Mason

Marital Status: Married

License: \_\_\_\_\_

### Emergency Information:

Allergies or Health Concerns: None  
Blood type unspecified

Blood Type:

Current Medication: \_\_\_\_\_

Doctor's Name: Dodglas

Phone: \_\_\_\_\_

Doctor's Name: Dodglas

Phone: \_\_\_\_\_

### In case of an Emergency, Please contact :

Name Neli Leudat Relationship Wife Phone [REDACTED]

Name Jackie Xavier Relationship In Law Phone [REDACTED]

*This Information is for your safety and the safety of others*

CONFIDENTIAL