

# LSJE, LLC

6100 Red Hook Quarters Suite B-3 St. Thomas, VI 00802 Tel: 340-775-8100 Fax: 340-775-8108

SDNY\_GM\_00169382

EFTA\_00192987

## Emergency Contact Form

Date: 06/14/18 \_\_\_\_\_ Start Date: \_\_\_\_\_

Employee Name: Felito Joseph \_\_\_\_\_

Address: [REDACTED] \_\_\_\_\_

Date of Birth: [REDACTED] \_\_\_\_\_

Phone: [REDACTED] \_\_\_\_\_ Cell: [REDACTED] \_\_\_\_\_

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

Title / Position: [REDACTED] \_\_\_\_\_ Marital Status: Single \_\_\_\_\_ License: [REDACTED]

### Emergency Information

Allergies or Health Concerns: \_\_\_\_\_

Blood Type: [REDACTED] \_\_\_\_\_

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

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Name [REDACTED] \_\_\_\_\_ Relationship [REDACTED] \_\_\_\_\_ Phone [REDACTED] \_\_\_\_\_

Name [REDACTED] \_\_\_\_\_ Relationship [REDACTED] \_\_\_\_\_ Phone [REDACTED] \_\_\_\_\_

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

CONFIDENTIAL