

# LSJE, LLC

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

## Emergency Contact Form

Date: 04/10/18 Start Date: 05/04/17  
Employee Name: James Cesar  
Address: [REDACTED] Date of Birth: [REDACTED]  
Phone: [REDACTED] Cell: [REDACTED] E-Mail: [REDACTED]  
Title / Position: Carpenter Marital Status: Married License: [REDACTED]

### Emergency Information:

Allergies or Health Conditions: No Allergies Specified

Blood Type: [REDACTED]

Current Medication:

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

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

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

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

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

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

CONFIDENTIAL

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