

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: 03/16/18 Start Date: _____

Employee Name: Justina de la Cruz

Address: [REDACTED] Date of Birth: [REDACTED]

Phone: _____ Cell: [REDACTED] E-Mail: _____

Title / Position: Housekeeper Marital Status: Married License: [REDACTED]

Emergency Information:

Allergies or Health Concerns: NA

Blood Type: [REDACTED]

Current Medication:

Doctor's Name: _____ Phone: _____

Doctor's Name: _____ Phone: _____

In case of an Emergency, Please contact :

Name Feliz de la Cruz Relationship Husband Phone [REDACTED]

Name Bembenido Gedeno Relationship Brother Phone [REDACTED]

This Information is for your safety and the safety of others

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CONFIDENTIAL