

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: 04/09/18

Start Date: _____

Employee Name: Onel Pierresaint

Address: _____

Date of Birth: [REDACTED]

Phone: [REDACTED]

Cell: _____

E-Mail: _____

Title / Position: _____

Marital Status: Married

License: [REDACTED]

Emergency Information:

Allergies or Health Concerns: _____

Blood type unspecified

Blood Type:

Current Medication: [REDACTED]

Doctor's Name: [REDACTED]

Phone: [REDACTED]

Doctor's Name: _____

Phone: _____

In case of an Emergency, Please contact :

Name Rose Marie Jean Baptiste
Name Robenio Joseph

Relationship Wife
Relationship Friend

Relationship Friend

Phone [REDACTED]
Phone [REDACTED]

This Information is for your safety and the safety of others

CONFIDENTIAL

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