

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: 03/19/18

Start Date: 10/01/16

Employee Name: Oriole Joseph

Address: [REDACTED]

Date of Birth: [REDACTED]

Phone: [REDACTED]

Cell: [REDACTED]

E-Mail: _____

Title / Position: Maintenance

Marital Status: Single

License: _____

Emergency Information:

Allergies or Health Concerns: Blood type unspecified

Blood Type:

Current Medication: _____

Doctor's Name: _____

Phone: _____

Doctor's Name: _____

Phone: _____

In case of an Emergency, Please contact :

Name: Oscar Leil

Relationship: Cousin

Phone: [REDACTED]

Name: Charles Victel

Relationship: Cousin

Phone: [REDACTED]

This Information is for your safety and the safety of others

CONFIDENTIAL

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