

LSJE, LLC

6100 Red Hook Quarters, Suite B-3, St. Thomas, VI 00802-1348
Phone: [REDACTED] E-mail: thesainjames.group@gmail.com

Emergency Contact Form

Today's Date:

10/21/18

Start Date:

Employee Name:

Peter St Omer

Date of Birth:

Physical Address:

[REDACTED]

Mailing Address:

[REDACTED]

Cell Phone:

[REDACTED]

Phone (other):

[REDACTED]

E-mail:

[REDACTED]

Marital Status:

Married

Title/Position:

Operator

Driver's License No:

[REDACTED]

Allergies or Health Concerns:

N/A

Blood type:

A-

A+

AB-

AB+

B-

B+

O-

O+

Unknown

Current Medications:

[REDACTED]

Doctor's Name:

[REDACTED]

Doctor's Phone:

[REDACTED]

Doctor's Name:

[REDACTED]

Doctor's Phone:

[REDACTED]

In case of emergency, please contact:

Name:

Kishma

Relationship:

Friend

Phone:

[REDACTED]

Name:

Demitri

Relationship:

Son

Phone:

[REDACTED]

This information is for your safety and the safety of others.

CONFIDENTIAL

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