

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: 04/11/12

Start Date: _____

Employee Name: Randy Amparo

Address: [REDACTED]

Date of Birth: [REDACTED]

Phone: _____

Cell: [REDACTED]

E-Mail: [REDACTED]

Title / Position: Boat Captain

Marital Status: Single

License: _____

Emergency Information:

Allergies or Health Concerns:

NA

Blood Type:

O-

Current Medication:

Doctor's Name: _____

Phone: _____

Doctor's Name: _____

Phone: _____

In case of an Emergency, Please contact :

Name Santo Amparo

Relationship

Father

Phone [REDACTED]

Name Reyna Amparo

Relationship

Mother

Phone [REDACTED]

This Information is for your safety and the safety of others

CONFIDENTIAL

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