

6100 Red Hook Quarters Suite B-3 St. Thomas, VI 00802

LSJE, LLC

[Redacted]

Emergency Contact Form

Date: 06/04/18

Start Date:

Employee Name: Danny Etienne

Address:

[Redacted]

Date of Birth: 04/04/78

Phone:

[Redacted]

Cell:

[Redacted]

E-Mail:

[Redacted]

Title / Position: Maintenance

Marital Status: Single

License:

[Redacted]

Emergency Information:

Allergies or Health Concerns:

Blood Type:

Current Medication:

Doctor's Name:

[Redacted]

Phone:

Doctor's Name:

[Redacted]

Phone:

In case of an Emergency, Please contact :

| Name | Relationship | Etienne | Phone |
|---------------|--------------|---------|------------|
| Maria | | | |
| Shahani Grant | Girlfriend | | [Redacted] |

This Information is for your safety and the safety of others

CONFIDENTIAL