

# LSJE, LLC

6100 Red Hook Quarters Suite B-3 St. Thomas, VI 00802 Tel: [REDACTED] Fax: [REDACTED]

## Emergency Contact Form

Date: 03/19/18

Start Date: 10/01/16

Employee Name: Oriole Joseph

Address: 30 Kronpreusens Grade

Date of Birth: [REDACTED]

Phone: [REDACTED]

Cell: [REDACTED]

E-Mail: \_\_\_\_\_

Title / Position: Maintenance

Marital Status: [REDACTED]

License: \_\_\_\_\_

### Emergency Information:

Allergies or Health Concerns: [REDACTED]

Blood Type: [REDACTED]

Current Medication:

Doctor's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

### In case of an Emergency, Please contact :

Name: [REDACTED]

Relationship: Cousin

Phone: [REDACTED]

Name: [REDACTED]

Relationship: Cousin

Phone: [REDACTED]

*This Information is for your safety and the safety of others*

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