

LSJE, LLC

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

Emergency Contact Form

Date: 03/25/18

Start Date: _____

Employee Name: Pierre Jules

Address: [REDACTED]

Date of Birth: _____

Phone: [REDACTED]

Cell: _____

E-Mail: n/a

Title / Position: Operator

Marital Status: Single

License:

Emergency Information:

Allergies or Health Concerns: [REDACTED]

Blood Type:

Current Medication:

Doctor's Name: n/a

Phone: n/a

Doctor's Name: n/a

Phone: n/a

In case of an Emergency, Please contact :

Name: [REDACTED]

Relationship: Brother

Phone: [REDACTED]

Name: [REDACTED]

Relationship: Friend

Phone: [REDACTED]

This Information is for your safety and the safety of others

CONFIDENTIAL

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