

# LSJE, LLC

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

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## Emergency Contact Form

**Date:** 03/19/18

**Start Date:** 10/01/16

**Employee Name:** Oriole Joseph

**Address:** [REDACTED]

**Date of Birth:** 01/10/76

**Phone:** [REDACTED]

**Cell:** [REDACTED]

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

**Title / Position:** Maintenance

**Marital Status:** Single

**License:**

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### Emergency Information:

**Allergies or Health Concerns:** [REDACTED] unspecified

[REDACTED]:

### Current Medication:

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

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

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

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

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

Name Oscal Leil Relationship Cousin Phone 863-257-5611

Name Charles Victel Relationship Cousin Phone [REDACTED]

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