

LSJE, LLC

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

Emergency Contact Form

Date: 06/08/18 Start Date: _____

Employee Name: Cristobal Hidalgo Herrera

Address: [REDACTED] Date of Birth: [REDACTED]

Phone: [REDACTED] Cell: _____ E-Mail: _____

Title / Position: Irrigation Marital Status: Single License:

Emergency Information:

Allergies or Health Concerns: Blood type unspecified

Blood Type: None

Current Medication:

Doctor's Name: _____ Phone: _____

Doctor's Name: _____ Phone: _____

In case of an Emergency, Please contact :

Name Viligio Herrera Relationship Brother Phone [REDACTED]

Name _____ Relationship _____ Phone _____

This Information is for your safety and the safety of others

CONFIDENTIAL

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EFTA_00192981

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