

# LSJE, LLC

6100 Red Hook Quarters Suite B-3 St. Thomas, VI 00802 Tel: 340-775-8100 Fax: 340-775-8108

## Emergency Contact Form

Date: 06/04/18

Start Date: \_\_\_\_\_

Employee Name: Danny Etienne

Address: [REDACTED]

Date of Birth: [REDACTED]

Phone: [REDACTED] Cell: [REDACTED]

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

Title / Position: Maintenance

Marital Status: Single

License: [REDACTED]

### Emergency Information:

Allergies or Health Concerns:

Blood Type:

Current Medication:

Doctor's Name: Dodglas

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

Doctor's Name: Dodglas

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

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

Name Maria

Relationship Etienne

Phone [REDACTED]

Name Shahani Grant

Relationship Girlfriend

Phone [REDACTED]

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

CONFIDENTIAL