

# 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: \_\_\_\_\_

Employee Name: Gael J Leatham

Address: [REDACTED]

Date of Birth: [REDACTED]

Phone: \_\_\_\_\_ Cell: [REDACTED]

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

Title / Position: Landscaping

Marital Status: Single

License: [REDACTED]

### Emergency Information:

Allergies or Health Concerns: \_\_\_\_\_

Blood Type: [REDACTED]

Current Medication: \_\_\_\_\_

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

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

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

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

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

Name [REDACTED]

Relationship Girlfriend

Phone [REDACTED]

Name [REDACTED]

Relationship Sister

Phone [REDACTED]

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