

LSJE, LLC

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

Emergency Contact Form

Date: 04/10/18

Start Date: 05/04/17

Employee Name: James Cesar

Address: [REDACTED], St Thomas

Date of Birth: [REDACTED]

Phone: [REDACTED]

Cell: [REDACTED]

E-Mail: [REDACTED]

Title / Position: Carpenter

Marital Status: Married

License: [REDACTED]

Emergency Information:

Allergies or Health Conditions: [REDACTED] specified

Blood Type: [REDACTED]

Current Medication:

Doctor's Name: [REDACTED] Phone: [REDACTED]

Doctor's Name: [REDACTED] Phone: [REDACTED]

In case of an Emergency, Please contact :

Name [REDACTED] Relationship [REDACTED] Phone [REDACTED]

Name [REDACTED] Relationship [REDACTED] Phone [REDACTED]

This Information is for your safety and the safety of others