

# 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: 04/10/18

Start Date: 05/04/17

Employee Name: James Cesar

Address: [REDACTED]

Date of Birth: [REDACTED]

Phone: [REDACTED] Cell: [REDACTED]

E-Mail: [REDACTED]

Title / Position: Carpenter

Marital Status: Married

License: [REDACTED]

### Emergency Information:

Allergies or Health Issues: No 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 Wisner Piern Relationship [REDACTED]

Phone [REDACTED]

Name Alfred Piern Relationship [REDACTED]

Phone [REDACTED]

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