

# LSJE, LLC

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

## Emergency Contact Form

Date: 04/09/18

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

Employee Name: Onel Pierresaint

Address: \_\_\_\_\_

Date of Birth: [REDACTED]

Phone: [REDACTED]

Cell: \_\_\_\_\_

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

Title / Position: \_\_\_\_\_

Marital Status: Married

License: [REDACTED]

### Emergency Information:

Allergies or Health Concerns: Blood type unspecified

Blood Type: [REDACTED]

Current Medication: [REDACTED]

Doctor's Name: Rosal Joselito

Phone: [REDACTED]

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

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

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

Name [REDACTED]

Relationship Wife

Phone [REDACTED]

Name [REDACTED]

Relationship Friend

Phone [REDACTED]

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