

# 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: 03/19/18

Start Date: 10/01/16

Employee Name: Oriole Joseph

Address: [REDACTED]

Date of Birth: [REDACTED]

Phone: [REDACTED]

Cell: [REDACTED]

E-Mail: [REDACTED]

Title / Position: Maintenance

Marital Status: Single

License: [REDACTED]

### Emergency Information:

Allergies or Health Concerns:

Blood type unspecified

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: Cousin

Phone: [REDACTED]

Name: [REDACTED]

Relationship: Cousin

Phone: [REDACTED]

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