

# LSJE, LLC

6100 Red Hook Quarters, Suite B-3, St. Thomas, VI 00802-1348  
Phone: [REDACTED] E-mail: [REDACTED]

## Emergency Contact Form

Today's Date: January 27, 2019 Start Date:

Employee Name: Ashelle Etienne Date of Birth: May 3, 2019

Physical Address: [REDACTED]

Mailing Address: [REDACTED]

Cell Phone: [REDACTED] Phone (other):

E-mail: [REDACTED] Marital Status: [REDACTED]

Title/Position:  Driver's License No: [REDACTED]

Allergies or Health Concerns: NONE

Blood type:

A-  A+  AB-  AB+  B-  B+  O-  O+  Unknown

Current Medications: N/A

Doctor's Name:  Doctor's Phone:

Doctor's Name:  Doctor's Phone:

In case of emergency, please contact:

Name:  Relationship:  Phone:

Name:  Relationship:  Phone:

*This information is for your safety and the safety of others.*

CONFIDENTIAL