

Declined to complete.

# 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:  Start Date:

Employee Name:  Date of Birth:

Physical Address:

Mailing Address:

Cell Phone:  Phone (other):

E-mail:  Marital Status:

Title/Position:  Driver's License No:

Allergies or Health Concerns:

Blood type:

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

Current Medications:

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