

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: 4-16-2019 Start Date: 3-25-2019

Employee Name: Maurice Bedminster Date of Birth: 11-29-57

Physical Address: [REDACTED]

Mailing Address: [REDACTED]

Cell Phone: [REDACTED] Phone (other): [REDACTED]

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

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

Allergies or Health Concerns: NA

Blood type: [ ] A- [ ] A+ [ ] AB- [ ] AB+ [ ] B- [x] B+ [ ] O- [ ] O+ [ ] Unknown

Current Medications: NA

Doctor's Name: [REDACTED] Doctor's Phone: [REDACTED]

Doctor's Name: [REDACTED] Doctor's Phone: [REDACTED]

In case of emergency, please contact:

Name: Sandra Relationship: [REDACTED] Phone: [REDACTED]

Name: ethelbert Relationship: [REDACTED] Phone: [REDACTED]

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

CONFIDENTIAL

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