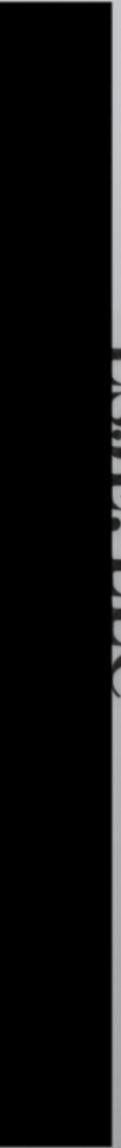


LSJE, LLC

Emergency Contact Form



Today's Date: 10/17/18

Start Date:

Employee Name: Brian Bates

Date of Birth:

Physical Address: [Redacted]

Mailing Address: [Redacted]

Cell Phone: [Redacted]

Phone (other):

E-mail:

Marital Status: Single

Title/Position: Contractor

Driver's License No: CT - 243557562

Allergies or Health Concerns: Mold

Blood type:

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

Current Medications: None

Doctor's Name: Jamie Reed

Doctor's Phone: [Redacted]

Doctor's Name: None

Doctor's Phone:

In case of emergency, please contact:

Name: Laurie McLeod

Relationship: Girlfriend

Phone: [Redacted]

Name:

Relationship:

Phone:

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

CONFIDENTIAL