

# LSJE, LLC

6100 Red Hook Quarters, Suite B-3, St. Thomas, VI 00802-1348

E-mail: [REDACTED]

SDNY\_GM\_00169375

## Emergency Contact Form

Today's Date:	10/15/18	Start Date:	
Employee Name:	Carlos L Rodriguez	Date of Birth:	[REDACTED]
Physical Address:	[REDACTED]		
Mailing Address:	[REDACTED]		
Cell Phone:	[REDACTED]	Phone (other):	
E-mail:	[REDACTED]	Marital Status:	Married
Title/Position:	Captain	Driver's License No:	[REDACTED]

Allergies or Health Concerns: [REDACTED]

Blood type:

[REDACTED]

Current Medications: None

Doctor's Name: Dr. Livingston      Doctor's Phone: [REDACTED]

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

In case of emergency, please contact:

Name: Rebecca Rodriguez      Relationship: Wife      Phone: [REDACTED]

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

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

CONFIDENTIAL