

LSJE, LLC

6100 Red Hook Quarters Suite B-3 St. Thomas, VI 00802 Tel: 340-775-8100 Fax: 340-775-8108

Emergency Contact Form

Date: 06/08/18

Start Date: _____

Employee Name: Cristobal Hidalgo Herrera

Address: Bovoni 25C

Date of Birth: [REDACTED]

Phone: [REDACTED]

Cell: _____

E-Mail: _____

Title / Position: Irrigation

Marital Status: Single

License: _____

Emergency Information:

Allergies or Health Concerns:

Blood type unspecified

Blood Type:

None

Current Medication:

Doctor's Name: _____

Phone: _____

Doctor's Name: _____

Phone: _____

In case of an Emergency, Please contact :

Name Villigio Herrera

Relationship

Brother

Phone

Name _____

Relationship

Phone

This Information is for your safety and the safety of others

CONFIDENTIAL