

LSJE, LLC

Emergency Contact Form

Date: 04/10/18

Start Date: [REDACTED]

Employee Name: Dalce Gusneme

Address: [REDACTED]

Date of Birth: 12/28/66

Phone: _____

Cell: 340-643-4374

E-Mail: _____

Title / Position: Landscaping

Marital Status: Married

License: [REDACTED]

Emergency Information:

Allergies or Health Concerns: _____

Blood type not specified

Blood Type: [REDACTED]

Current Medication: _____

Doctor's Name: _____

Phone: _____

Doctor's Name: _____

Phone: _____

In case of an Emergency, Please contact :

Name	Licimene Dalce	Relationship	Sister	Phone	340-344-1819
Name	_____	Relationship	_____	Phone	_____

This Information is for your safety and the safety of others

CONFIDENTIAL