

LSJE, LLC

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

SDNY_GM_00169382

Emergency Contact Form

Date: 06/14/18

Start Date: _____

Employee Name: Felito Joseph

Address: 3 State Nadir #6A

Date of Birth: [REDACTED]

Phone: [REDACTED] [REDACTED]

E-Mail: _____

Title / Position: [REDACTED]

Marital Status: Single

License: [REDACTED]

Emergency Information

Allergies or Health Concerns: _____

Blood Type: [REDACTED]

Current Medication: _____

Doctor's Name: _____ Phone: _____

Doctor's Name: _____ Phone: _____

In case of an Emergency, Please contact :

Name Jennifer Relationship Girlfriend Phone [REDACTED]

Name Fay Relationship sister Phone [REDACTED]

This Information is for your safety and the safety of others

CONFIDENTIAL