

LSJE, LLC



Emergency Contact Form

Date: 03/19/18

Start Date: _____

Employee Name: ~~Leida Pagan~~ Hernandez

Address:

Date of Birth:

Phone:

Cell:

E-Mail:

Title / Position: Housekeeping

Marital Status: Married

License:

Emergency Information:

Allergies or Health Concerns: ⁺ Blood type on form says "RhP", otherwise unspecified

Blood Type:

Current Medication:

Doctor's Name: Coorbin

Phone:

Doctor's Name: Coorbin

Phone:

In case of an Emergency, Please contact :

Name Porliriaortiz

Relationship Married

Phone

Name Dransisco Hernandez

Relationship Son

Phone

This Information is for your safety and the safety of others

CONFIDENTIAL

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