

LSJE, LLC

Emergency Contact Form

Date: 04/09/18

Start Date:

Employee Name: Onel Pierresaint

Address:

Date of Birth:

Phone:

Cell:

E-Mail:

Title / Position:

Marital Status: Married

License:

**Emergency Information:**

Blood type unspecified

Allergies or Health Concerns:

Blood Type:

Losartan Potassium 50 mg Tab

Current Medication:

Doctor's Name: Rosal Joselito

Phone:

Doctor's Name:

Phone:

**In case of an Emergency, Please contact :**

Name	Relationship	Wife	Phone
Rose Marie Jean Baptiste	Relationship	Wife	Phone
Robenio Joseph	Relationship	Friend	Phone

*This Information is for your safety and the safety of others*

CONFIDENTIAL