

LSJE, LLC

6100 Red Hook Quarters Suite B-3 St. Thomas, VI 00802 Tel: [REDACTED] Fax: [REDACTED]

Emergency Contact Form

Date: 03/19/18

Start Date: 02/05/18

Employee Name: Patrick L. Cena

Address: [REDACTED]

Date of Birth: 04/01/75

Phone: [REDACTED] Cell: [REDACTED]

E-Mail: [REDACTED]

Title / Position: Captain

Marital Status: [REDACTED]

License:

Emergency Information:

Allergies or Health Concerns: No blood type specified

Blood Type:

Current Medication: _____

Doctor's Name: _____ Phone: _____

Doctor's Name: _____ Phone: _____

In case of an Emergency, Please contact :

Name Pat & Emily Cena Relationship Father/Stepmother Phone [REDACTED]

Name Stephanie Remington Relationship Friend Phone [REDACTED]

This Information is for your safety and the safety of others

CONFIDENTIAL

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