

# LSJE, LLC

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

Fax: [REDACTED]

## Emergency Contact Form

Date: 04/11/12

Start Date: \_\_\_\_\_

Employee Name: Randy Amparo

Address: [REDACTED]

Date of Birth: [REDACTED]

Phone: \_\_\_\_\_

Cell: [REDACTED]

E-Mail: [REDACTED]

Title / Position: Boat Captain

Marital Status: [REDACTED]

License: [REDACTED]

### Emergency Information:

Allergies or Health Concerns: NA

Blood Type: O-

Current Medication:

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Name [REDACTED] Relationship Father Phone [REDACTED]

Name [REDACTED] Relationship Mother Phone [REDACTED]

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

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CONFIDENTIAL