

Declined to complete.

## LSJE, LLC

6100 Red Hook Quarters, Suite B-3, St. Thomas, VI 00802-1348  
Phone: [REDACTED] E-mail: thesaintjames.group@gmail.com

### Emergency Contact Form

|                   |  |                      |                      |
|-------------------|--|----------------------|----------------------|
| Today's Date:     | <input type="text" value="04/01/19"/>  | Start Date:          | <input type="text"/> |
| Employee Name:    | <input type="text" value="Dale Mark"/> | Date of Birth:       | <input type="text"/> |
| Physical Address: | <input type="text"/>                   |                      |                      |
| Mailing Address:  | <input type="text"/>                   |                      |                      |
| Cell Phone:       | <input type="text"/>                   | Phone (other):       | <input type="text"/> |
| E-mail:           | <input type="text"/>                   | Marital Status:      | <input type="text"/> |
| Title/Position:   | <input type="text"/>                   | Driver's License No: | <input type="text"/> |

Allergies or Health Concerns:

Blood type:

☐ A- ☐ A+ ☐ AB- ☐ AB+ ☐ B- ☐ B+ ☐ O- ☐ O+ ☐ Unknown

Current Medications:

Doctor's Name:  Doctor's Phone:

Doctor's Name:  Doctor's Phone:

In case of emergency, please contact:

Name:  Relationship:  Phone:

Name:  Relationship:  Phone:

*This information is for your safety and the safety of others.*