

LSJE, LLC

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

Fax: [REDACTED]

Emergency Contact Form

Date: 03/22/18

Start Date: 03/22/18

Employee Name: Boniface Loudat

Address: [REDACTED] St Thomas

Date of Birth: [REDACTED]

Phone: [REDACTED]

Cell: [REDACTED]

E-Mail: [REDACTED]

Job / Position: Carpenter/Mason

Marital Status: Married

License: [REDACTED]

Emergency Information:

Allergies or Health Concerns: None
Blood type unspecified

Blood Type: [REDACTED]

Current Medication:

Doctor's Name: Dodglas

Phone: [REDACTED]

Doctor's Name: Dodglas

Phone: [REDACTED]

In case of an Emergency, Please contact :

Name: [REDACTED]

Relationship: Wife

Phone: [REDACTED]

Name: [REDACTED]

Relationship: In Law

Phone: [REDACTED]

This Information is for your safety and the safety of others