

## 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:	10/17/18	Start Date:	
Employee Name:	Brian Bates	Date of Birth:	
Physical Address:	[REDACTED]		
Mailing Address:	[REDACTED]		
Cell Phone:	[REDACTED]	Phone (other):	
E-mail:		Marital Status:	Single
Title/Position:	Contractor	Driver's License No:	[REDACTED]

Allergies or Health Concerns: [REDACTED]

Blood type:

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

Current Medications: None

Doctor's Name:	Jamie Reed	Doctor's Phone:	[REDACTED]
Doctor's Name:	None	Doctor's Phone:	

In case of emergency, please contact:

Name:	[REDACTED]	Relationship:	Girlfriend	Phone:	[REDACTED]
Name:		Relationship:		Phone:	

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