

LSJE, LLC

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

Emergency Contact Form

Date: 03/19/18

Start Date: _____

Employee Name: Leida Pagan Hernandez

Address: [REDACTED]

Date of Birth: [REDACTED]

Phone: [REDACTED]

Cell: [REDACTED]

E-Mail: [REDACTED]

Title / Position: Housekeeping

Marital Status: Married

License: [REDACTED]

Emergency Information:

Allergies or Health Concerns: [REDACTED]

Blood Type: [REDACTED]

Current Medication:

Doctor's Name: Coorbin

Phone: [REDACTED]

Doctor's Name: Coorbin

Phone: [REDACTED]

In case of an Emergency, Please contact :

Name [REDACTED]

Relationship Married

Phone [REDACTED]

Name [REDACTED]

Relationship Son

Phone [REDACTED]

This Information is for your safety and the safety of others