

## 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:	01/11/18	Start Date:	
Employee Name:	Sylvester Gaillard	Date of Birth:	[REDACTED]
Physical Address:	[REDACTED] St Thomas, VI		
Mailing Address:	[REDACTED] St Thomas, VI		
Cell Phone:	[REDACTED]	Phone (other):	
E-mail:		Marital Status:	Single
Title/Position:	Supervisor	Driver's License No:	[REDACTED]

Allergies or Health Concerns: None

Blood type:

[REDACTED]

☐ Unknown

Current Medications: Diabetic Medications

Doctor's Name: Dr. Alah

Doctor's Phone:

Doctor's Name:

Doctor's Phone:

In case of emergency, please contact:

Name: [REDACTED]

Relationship: Mother

Phone: [REDACTED]

Name:

Relationship:

Phone:

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