

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: 10/15/18 Start Date: [REDACTED]

Employee Name: Carlos L Rodriguez Date of Birth: [REDACTED]

Physical Address: [REDACTED] St Thomas, VI 00802

Mailing Address: 6501 Red Hook Plaza

Cell Phone: [REDACTED] Phone (other): [REDACTED]

E-mail: [REDACTED] Marital Status: Married

Title/Position: Captain 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: Dr. Livingston Doctor's Phone: [REDACTED]

Doctor's Name: [REDACTED] Doctor's Phone: [REDACTED]

In case of emergency, please contact:

Name: [REDACTED] Relationship: Wife Phone: [REDACTED]

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

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