

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:	10/21/18	Start Date:	
Employee Name:	Peter St Omer	Date of Birth:	[REDACTED]
Physical Address:	[REDACTED]		
Mailing Address:	[REDACTED] St Thomas, VI 00802		
Cell Phone:	[REDACTED]	Phone (other):	
E-mail:		Marital Status:	Married
Title/Position:	Operator	Driver's License No:	[REDACTED]

Allergies or Health Concerns: N/A

Blood type:

[REDACTED]

☐ Unknown

Current Medications: [REDACTED]

Doctor's Name:		Doctor's Phone:	
Doctor's Name:		Doctor's Phone:	

In case of emergency, please contact:

Name:	Kishma	Relationship:	Friend	Phone:	[REDACTED]
Name:	Demitri	Relationship:	Son	Phone:	[REDACTED]

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