

## 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: [REDACTED]  
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): [REDACTED]  
E-mail: [REDACTED] 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: [REDACTED]

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

In case of emergency, please contact:

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

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

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