

# LSJE, LLC

6100 Red Hook Quarters, Suite B-3, St. Thomas, VI 00802-1348  
Phone: [REDACTED] E-mail: thesainjames.group@gmail.com

## Emergency Contact Form

Today's Date:

02/19/2019

Start Date:

Employee Name:

DAVID ALVES

Date of Birth:

Physical Address:

[REDACTED] + Thomas, VI 00802

Mailing Address:

[REDACTED] Ste 201-303, St Thomas, VI 00802,

Cell Phone:

[REDACTED]

Phone (other):

[REDACTED]

E-mail:

[REDACTED]

Marital Status:

Married

Title/Position:

[REDACTED]

Driver's License No:

[REDACTED]

Allergies or Health Concerns:

N/A

Blood type:

☐ A-

☐ A+

☐ AB-

☐ AB+

☐ B-

☐ B+

☐ O-

☐ O+

☒ Unknown

Current Medications:

[REDACTED]

Doctor's Name:

Mary McEvann

Doctor's Phone:

[REDACTED]

Doctor's Name:

[REDACTED]

Doctor's Phone:

[REDACTED]

In case of emergency, please contact:

Name:

Shelli Alves

Relationship:

Spouse

Phone:

[REDACTED]

Name:

[REDACTED]

Relationship:

[REDACTED]

Phone:

[REDACTED]

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