

# LSJE, LLC

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## Emergency Contact Form

Today's Date:	09/25/18	Start Date:	10/01/18
Employee Name:	Keshaun Williams	Date of Birth:	[REDACTED]
Physical Address:	[REDACTED]		
Mailing Address:	[REDACTED]		
Cell Phone:	[REDACTED]	Phone (other):	[REDACTED]
E-mail:	[REDACTED]	Marital Status:	[REDACTED]
Title/Position:	Engineer	Driver's License No:	[REDACTED]

Allergies or Health Concerns: N/A

Blood type:

[REDACTED]

Unknown

Current Medications: [REDACTED]

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

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

In case of emergency, please contact:

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

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

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