

## Occupational History for Firefighters – Part I: Primary Work

Please complete the form, beginning with your present job, and list all jobs or military service you have held, either full-time or part-time, in order of date. Please indicate or not whether you had a work-related illness or injury at each job.

	List of potential hazards you were exposed to, such as:	Did you suffer a work-related illness or injury? Check Yes or No for each employment below. Please explain each Yes answer.																																				
Name	<table style="width: 100%; border: none;"> <tr> <td style="width: 25%;"><b><u>Physical</u></b></td> <td style="width: 25%;"><b><u>Chemical</u></b></td> <td style="width: 25%;"><b><u>Biological</u></b></td> <td style="width: 25%;"><b><u>Psychological</u></b></td> </tr> <tr> <td>Noise</td> <td>Mercury</td> <td>Viruses</td> <td>Boredom</td> </tr> <tr> <td>Radiation</td> <td>Lead</td> <td>Bacteria</td> <td>Work-shift Fatigue</td> </tr> <tr> <td>Vibration</td> <td>Dust</td> <td>Parasite</td> <td>Risk of being burned</td> </tr> <tr> <td>Electrical Shock</td> <td>Gases</td> <td>Fungus</td> <td>Repetition</td> </tr> <tr> <td>Temperature</td> <td>Fumes</td> <td>Animals</td> <td></td> </tr> <tr> <td>Repetitive Motion</td> <td>Acids</td> <td></td> <td></td> </tr> <tr> <td>Heavy Lifting</td> <td>Solvents</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Caustics</td> <td></td> <td></td> </tr> </table>	<b><u>Physical</u></b>	<b><u>Chemical</u></b>	<b><u>Biological</u></b>	<b><u>Psychological</u></b>	Noise	Mercury	Viruses	Boredom	Radiation	Lead	Bacteria	Work-shift Fatigue	Vibration	Dust	Parasite	Risk of being burned	Electrical Shock	Gases	Fungus	Repetition	Temperature	Fumes	Animals		Repetitive Motion	Acids			Heavy Lifting	Solvents				Caustics			<p>Example: Sprained back muscles due to heavy lifting (indicate left/right if applicable).</p>
<b><u>Physical</u></b>		<b><u>Chemical</u></b>	<b><u>Biological</u></b>	<b><u>Psychological</u></b>																																		
Noise		Mercury	Viruses	Boredom																																		
Radiation		Lead	Bacteria	Work-shift Fatigue																																		
Vibration	Dust	Parasite	Risk of being burned																																			
Electrical Shock	Gases	Fungus	Repetition																																			
Temperature	Fumes	Animals																																				
Repetitive Motion	Acids																																					
Heavy Lifting	Solvents																																					
	Caustics																																					
Date																																						
Last 5 Digits of SSN																																						
Company Name	Hazards:	<p>Did you suffer a work-related injury?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you answer Yes, please explain:</p>																																				
Job Title	Comments:																																					
City _____ State _____																																						
Date Started _____ Date Ended _____																																						
Average Hours per Week _____																																						
Company Name	Hazards:	<p>Did you suffer a work-related injury?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you answer Yes, please explain:</p>																																				
Job Title	Comments:																																					
City _____ State _____																																						
Date Started _____ Date Ended _____																																						
Average Hours per Week _____																																						

## Occupational History for Firefighters – Part I: Primary Work continued

Name _____	Last 5 Digits of SSN _____	
Company Name _____	Hazards:   Comments:	Did you suffer a work-related injury?  <input type="checkbox"/> Yes <input type="checkbox"/> No  If you answer Yes, please explain:
Job Title _____		
City _____ State _____		
Date Started _____ Date Ended _____		
Average Hours per Week _____		
Company Name _____	Hazards:   Comments:	Did you suffer a work-related injury?  <input type="checkbox"/> Yes <input type="checkbox"/> No  If you answer Yes, please explain:
Job Title _____		
City _____ State _____		
Date Started _____ Date Ended _____		
Average Hours per Week _____		
Company Name _____	Hazards:   Comments:	Did you suffer a work-related injury?  <input type="checkbox"/> Yes <input type="checkbox"/> No  If you answer Yes, please explain:
Job Title _____		
City _____ State _____		
Date Started _____ Date Ended _____		
Average Hours per Week _____		

## Occupational History for Firefighters – Part II: Secondary Work

<u>Secondary Work</u>  Examples: Firefighting Civil Defense Farming Civic Activities	List of potential hazards you were exposed to, such as: <table style="width: 100%; border: none;"> <tr> <td style="width: 25%; vertical-align: top;"><u>Physical</u> Noise Radiation Vibration Electrical Shock Temperature Repetitive Motion Heavy Lifting</td> <td style="width: 25%; vertical-align: top;"><u>Chemical</u> Mercury Lead Dust Gases Fumes Acids Solvents Caustics</td> <td style="width: 25%; vertical-align: top;"><u>Biological</u> Viruses Bacteria Parasite Fungus Animals</td> <td style="width: 25%; vertical-align: top;"><u>Psychological</u> Boredom Work-shift Fatigue Risk of being burned Repetition</td> </tr> </table>	<u>Physical</u> Noise Radiation Vibration Electrical Shock Temperature Repetitive Motion Heavy Lifting	<u>Chemical</u> Mercury Lead Dust Gases Fumes Acids Solvents Caustics	<u>Biological</u> Viruses Bacteria Parasite Fungus Animals	<u>Psychological</u> Boredom Work-shift Fatigue Risk of being burned Repetition	Did you suffer a work-related illness or injury? Check Yes or No for each employment below. Please explain each Yes answer.  Example: Sprained back muscles due to heavy lifting (indicate left/right if applicable).
<u>Physical</u> Noise Radiation Vibration Electrical Shock Temperature Repetitive Motion Heavy Lifting	<u>Chemical</u> Mercury Lead Dust Gases Fumes Acids Solvents Caustics	<u>Biological</u> Viruses Bacteria Parasite Fungus Animals	<u>Psychological</u> Boredom Work-shift Fatigue Risk of being burned Repetition			
<u>Part II applies to your secondary work:</u>						
Company Name <hr/> Job Title <hr/> City _____ State _____ <hr/> Date Started _____ Date Ended _____ <hr/> Average Hours per Week _____	Hazards:  Comments:	Did you suffer a work-related injury?  <input type="checkbox"/> Yes <input type="checkbox"/> No  If you answer Yes, please explain:				
Company Name <hr/> Job Title <hr/> City _____ State _____ <hr/> Date Started _____ Date Ended _____ <hr/> Average Hours per Week _____	Hazards:  Comments:	Did you suffer a work-related injury?  <input type="checkbox"/> Yes <input type="checkbox"/> No  If you answer Yes, please explain:				

## Occupational History for Firefighters – Part II: Secondary Work continued

Name _____	Last 5 Digits of SSN _____	
Company Name _____	Hazards:   Comments:	Did you suffer a work-related injury?  <input type="checkbox"/> Yes <input type="checkbox"/> No  If you answer Yes, please explain:
Job Title _____		
City _____ State _____		
Date Started _____ Date Ended _____		
Average Hours per Week _____		
Company Name _____	Hazards:   Comments:	Did you suffer a work-related injury?  <input type="checkbox"/> Yes <input type="checkbox"/> No  If you answer Yes, please explain:
Job Title _____		
City _____ State _____		
Date Started _____ Date Ended _____		
Average Hours per Week _____		
Company Name _____	Hazards:   Comments:	Did you suffer a work-related injury?  <input type="checkbox"/> Yes <input type="checkbox"/> No  If you answer Yes, please explain:
Job Title _____		
City _____ State _____		
Date Started _____ Date Ended _____		
Average Hours per Week _____		

## Occupational History for Firefighters – Part III: Hobbies & Activities

<u>Hobbies &amp; Activities</u>	List of potential hazards you were exposed to, such as:	Did you suffer an illness or injury? Check Yes or No for each hobby or activity below. Please explain each Yes answer.																																				
<p>This list applies to your hobbies and other activities outside of work</p>	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><u>Physical</u></td> <td style="width: 33%;"><u>Chemical</u></td> <td style="width: 33%;"><u>Biological</u></td> <td style="width: 33%;"><u>Psychological</u></td> </tr> <tr> <td>Noise</td> <td>Mercury</td> <td>Viruses</td> <td>Boredom</td> </tr> <tr> <td>Radiation</td> <td>Lead</td> <td>Bacteria</td> <td>Work-shift Fatigue</td> </tr> <tr> <td>Vibration</td> <td>Dust</td> <td>Parasite</td> <td>Risk of being burned</td> </tr> <tr> <td>Electrical Shock</td> <td>Gases</td> <td>Fungus</td> <td>Repetition</td> </tr> <tr> <td>Temperature</td> <td>Fumes</td> <td>Animals</td> <td></td> </tr> <tr> <td>Repetitive Motion</td> <td>Acids</td> <td></td> <td></td> </tr> <tr> <td>Heavy Lifting</td> <td>Solvents</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Caustics</td> <td></td> <td></td> </tr> </table>	<u>Physical</u>	<u>Chemical</u>	<u>Biological</u>	<u>Psychological</u>	Noise	Mercury	Viruses	Boredom	Radiation	Lead	Bacteria	Work-shift Fatigue	Vibration	Dust	Parasite	Risk of being burned	Electrical Shock	Gases	Fungus	Repetition	Temperature	Fumes	Animals		Repetitive Motion	Acids			Heavy Lifting	Solvents				Caustics			<p>Example: Sprained back muscles due to heavy lifting (indicate left/right if applicable).</p>
<u>Physical</u>	<u>Chemical</u>	<u>Biological</u>	<u>Psychological</u>																																			
Noise	Mercury	Viruses	Boredom																																			
Radiation	Lead	Bacteria	Work-shift Fatigue																																			
Vibration	Dust	Parasite	Risk of being burned																																			
Electrical Shock	Gases	Fungus	Repetition																																			
Temperature	Fumes	Animals																																				
Repetitive Motion	Acids																																					
Heavy Lifting	Solvents																																					
	Caustics																																					
<p>Hobby or Activity</p> <hr/> <p>Job Title (if applicable)</p> <hr/> <p>City (if applicable)                      State</p> <hr/> <p>Date Started                      Date Ended</p> <hr/> <p>Average Hours per Week</p>	<p>Hazards:</p> <hr/> <p>Comments:</p>	<p>Did you suffer an injury?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you answer Yes, please explain:</p>																																				
<p>Hobby or Activity</p> <hr/> <p>Job Title (if applicable)</p> <hr/> <p>City (if applicable)                      State</p> <hr/> <p>Date Started                      Date Ended</p> <hr/> <p>Average Hours per Week</p>	<p>Hazards:</p> <hr/> <p>Comments:</p>	<p>Did you suffer an injury?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you answer Yes, please explain:</p>																																				

## Occupational History for Firefighters – Part III: Hobbies & Activities continued

Name _____	Last 5 Digits of SSN _____	
Hobby or Activity _____	Hazards:	Did you suffer an injury? <input type="checkbox"/> Yes <input type="checkbox"/> No  If you answer Yes, please explain:
Job Title (if applicable) _____	Comments:	
City (if applicable) _____ State _____		
Date Started _____ Date Ended _____		
Average Hours per Week _____		
Hobby or Activity _____	Hazards:	Did you suffer an injury? <input type="checkbox"/> Yes <input type="checkbox"/> No  If you answer Yes, please explain:
Job Title (if applicable) _____	Comments:	
City (if applicable) _____ State _____		
Date Started _____ Date Ended _____		
Average Hours per Week _____		
Hobby or Activity _____	Hazards:	Did you suffer an injury? <input type="checkbox"/> Yes <input type="checkbox"/> No  If you answer Yes, please explain:
Job Title (if applicable) _____	Comments:	
City (if applicable) _____ State _____		
Date Started _____ Date Ended _____		
Average Hours per Week _____		