

Municipal Fire and Police Retirement System of Iowa
 OCCUPATIONAL HISTORY FOR FIREFIGHTERS – Part I: Primary Work

Please answer the following questions. Begin with your present job and list all jobs or military service you have held in order of date whether full or part time. Please indicate whether you had a work-related illness or injury at each job.																																									
Today's Date: _____ Name: _____ Social Security Number: _____	List potential hazards exposed to such as: <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; vertical-align: top;"><u>Physical</u></td> <td style="text-align: center; vertical-align: top;"><u>Chemical</u></td> <td style="text-align: center; vertical-align: top;"><u>Biological</u></td> <td style="text-align: center; vertical-align: top;"><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</td> </tr> <tr> <td>Vibration</td> <td>Dust</td> <td>Parasite</td> <td>fatigue</td> </tr> <tr> <td>Electrical shock</td> <td>Gases</td> <td>Fungus</td> <td>Risk of being buried</td> </tr> <tr> <td>Temperature</td> <td>Fumes</td> <td>Animals</td> <td>Repetition</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	Vibration	Dust	Parasite	fatigue	Electrical shock	Gases	Fungus	Risk of being buried	Temperature	Fumes	Animals	Repetition	Repetitive motion	Acids			Heavy lifting	Solvents				Caustics			Work related illness or injury? Did you suffer a work-related illness or injury? Check yes or no for each employment. Please explain on the reverse side if you answered "yes" here. For Example: sprained back muscles due to heavy lifting. Indicate left/right if applicable. <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> </table>		Yes	No
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Company Name: _____ Job Title: _____ City, State: _____ From: _____ To: _____ Avg Hr/WK: _____	Hazards: Comments:																																								
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NAME: _____ SSN: _____

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OCCUPATIONAL HISTORY FOR FIREFIGHTERS – Part I (continued)

Company Name: _____ Job Title: _____ City, State: _____ From: _____ To: _____ Avg Hr/WK: _____	Hazards: Comments:		
Company Name: _____ Job Title: _____ City, State: _____ From: _____ To: _____ Avg Hr/WK: _____	Hazards: Comments:		
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NAME: _____ SSN: _____

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 OCCUPATIONAL HISTORY FOR FIREFIGHTERS – Part II: Secondary Work

<p>SECONDARY WORK</p> <p>Examples :</p> <ul style="list-style-type: none"> Firefighting Civil defense Farming Civic activities <p>This list applies to your secondary work:</p>	<p>List potential hazards exposed to such as:</p> <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 buried 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 buried Repetition	<p>Work related illness or injury? Did you suffer a work-related illness or injury? Check yes or no for each employment.</p> <p>Please explain on the reverse side if you answered "yes" here.</p> <p>Indicate left/right if applicable.</p> <p style="text-align: center;">Yes No</p>	
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OCCUPATIONAL HISTORY FOR FIREFIGHTERS – Part III: Hobbies & Activities

<p style="text-align: center;">HOBBIES & ACTIVITIES</p> <p style="text-align: center;">This list applies to your hobbies and other activities outside of work.</p>	<p style="text-align: center;">List potential hazards associated with this activity. (Refer to list of potential hazards on previous page.)</p>	<p>Illness or injury related to the hobby or activity? Check yes or no for each activity or hobby.</p> <p>Please explain on the reverse side if you answered “yes” here.</p> <p>Indicate left/right if applicable.</p> <p style="text-align: center;">Yes No</p>	
Activity: _____ Job Title (if applicable): _____ City, State (if applicable): _____ From: _____ To: _____ Avg Hr/WK: _____	Hazards: Comments:		
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OCCUPATIONAL HISTORY FOR FIREFIGHTERS – Part III: Hobbies & Activities (continued)

Activity: _____ Job Title (if applicable): _____ City, State (if applicable): _____ From: _____ To: _____ Avg Hr/WK: _____	Hazards: Comments:		
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