Municipal Fire and Police Retirement System of Iowa Occupational History for Police Officers - 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.

Today's date:	List potential hazards you were exposed to, such as:			Did you suffer a work-	
	Physical:	Chemical:	Biological:	Psychological:	related illness or injury?
Name:	Noise	Mercury	Viruses	Boredom	Check Yes or No for each
	Radiation	Lead	Bacteria	Work-shift fatigue	employment. Please
SSN:	Vibration	Dust	Parasite	Risk of being burned	explain each Yes answer.
	Electrical shock	Gases	Fungus	Repetition	
	Temperature	Fumes	Animals		Example: Sprained back
	Repetitive motion	Acids			muscles due to heavy
	Heavy lifting	Solvents			lifting (indicate left/right if
		Caustics			applicable).
Company name:	Hazards:			1	Did you suffer a work-
					related injury?
Job title:					Yes
					No
City, State:					If you answered Yes, please
	Comments:				explain:
Started:					
Ended:					
Avg. hours/week:					
Company name:					
company name.	Hazards:				Did you suffer a work-
Job title:					related injury?
Job title.					Yes
City, State:					No If you answered Yes, please
City, State.					explain:
Started:	Comments:				
Starteu:					
Ended:					
Ended:					
Aug hours (woolu					
Avg. hours/week:					

Name:

SSN:

Occupational History for Police Officers - Part I: Primary Work continued

Company name:	Hazards:	Did you suffer a work-
		related injury?
Job title:		Yes
		No No
City, State:		If you answered Yes, please
	Comments:	explain:
Started:		
Ended:		
Avg. hours/week:		
Company name:	Hazards:	Did you suffer a work-
		related injury?
Job title:		Yes
		No
City, State:		If you answered Yes, please
	Comments:	explain:
Started:		
Ended:		
Avg. hours/week:		
Company name:	Lazards:	Did you suffer a work-
		related injury?
Job title:		Yes No
City, State:		If you answered Yes, please
	Comments:	explain:
Started:		
Ended:		
Avg. hours/week:		

SSN:				
		-		
•	ards you were ex <u>Chemical:</u> Mercury Lead Dust Gases Fumes Acids Solvents		<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. Please explain each Yes answer. Example: Sprained back muscles due to heavy lifting (indicate left/right if applicable).
	Caustics			
Hazards: Hazards: Comments: Comments:				Did you suffer a work- related injury? Yes No If you answered Yes, please explain:
Hazards: Hazards: Comments:				Did you suffer a work- related injury? Yes No If you answered Yes, please explain:
	Municipal Occupational His List potential haz Physical: Noise Radiation Vibration Electrical shock Temperature Repetitive motion Heavy lifting Hazards: Comments: Hazards:	Municipal Fire and Police I Occupational History for Police C List potential hazards you were ex- Physical: Chemical: Noise Mercury Radiation Lead Vibration Dust Electrical shock Gases Temperature Fumes Repetitive motion Acids Heavy lifting Solvents Caustics Hazards: Comments: Hazards: Hazards:	Municipal Fire and Police Retirement System of Occupational History for Police Officers - Part II: Seco List potential hazards you were exposed to, such as: <u>Physical:</u> <u>Chemical:</u> <u>Biological:</u> Noise Mercury Viruses Radiation Lead Bacteria Vibration Dust Parasite Electrical shock Gases Fungus Temperature Fumes Animals Repetitive motion Acids Heavy lifting Solvents Caustics Hazards: Comments: Hazards:	Municipal Fire and Police Retirement System of Iowa Occupational History for Police Officers - Part II: Secondary Work List potential hazards you were exposed to, such as: Physical: Chemical: Biological: Psychological: 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 Caustics

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SSN:

Municipal Fire and Police Retirement System of Iowa

Occupational History for Police Officers - Part II: Secondary Work continued

Company name:	Hazards:	Did you suffer a work-
Job title:		related injury?
500 the.		Yes No
City, State:		If you answered Yes, please
	Comments:	 explain:
Started:		
Ended:		
Avg. hours/week:		
Company name:	Hazards:	Did you suffer a work-
Job title:		related injury? Yes No
City, State:		If you answered Yes, please
Started:	Comments:	explain:
Ended:		
Avg. hours/week:		
Company name:	Hazards:	Did you suffer a work- related injury?
Job title:		Yes No
City, State:		If you answered Yes, please
Started:	Comments:	explain:
Ended:	———————————————————————————————————————	
Avg. hours/week:		

Name:	SSN:				
	•		Retirement System o icers - Part III: Hobb		
Hobbies & Activities: This list applies to your hobbies and other activities outside of work.	•	•	xposed to, such as: Biological: Viruses Bacteria Parasite Fungus Animals	<u>Psychological:</u> Boredom Work-shift fatigue Risk of being burned Repetition	Did you suffer a hobby- related illness or injury? Check Yes or No for each employment. Please explain each Yes answer. Example: Sprained back muscles due to heavy lifting (indicate left/right if applicable).
Hobby or Activity: Job title (if applicable): City, State (if applicable): Started: Ended: Avg. hours/week:	Hazards: Comments:				Did you suffer a hobby- related injury? Yes No If you answered Yes, please explain:
Hobby or Activity: Job title (if applicable): City, State (if applicable): Started: Ended: Avg. hours/week:	Hazards: Comments:				Did you suffer a hobby- related injury? Yes No If you answered Yes, please explain:

Name:

SSN:

Municipal Fire and Police Retirement System of Iowa

Occupational History for Police Officers - Part III: Hobbies & Activities continued

Hobby or Activity:	Hazards:	Did you suffer a hobby-
Job title (if applicable):	——	related injury?
City, State (if applicable):		If you answered Yes, please
Started:	Comments:	explain:
Starteu.		
Ended:		
Avg. hours/week:		
Hobby or Activity:	Hazards:	Did you suffer a hobby-
Job title (if applicable):	—	related injury?
City, State (if applicable):		If you answered Yes, please
Started:	Comments:	explain:
Ended:	—	
Avg. hours/week:		
Hobby or Activity:	Hazards:	Did you suffer a hobby-
Job title (if applicable):	—	related injury?
City, State (if applicable):	Comments:	If you answered Yes, please explain:
Started:		
Ended:	—	
Avg. hours/week:		