

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: _____ Name: _____ SSN: _____	List potential hazards you were exposed to, such as: <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;"><u>Physical:</u></td> <td style="width: 25%;"><u>Chemical:</u></td> <td style="width: 25%;"><u>Biological:</u></td> <td style="width: 25%;"><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			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).
<u>Physical:</u>	<u>Chemical:</u>	<u>Biological:</u>	<u>Psychological:</u>																																			
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Heavy lifting	Solvents																																					
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Company name: _____ Job title: _____ City, State: _____ Started: _____ Ended: _____ Avg. hours/week: _____	Hazards: <div style="border: 1px solid black; height: 80px; width: 100%;"></div> Comments: <div style="border: 1px solid black; height: 120px; width: 100%;"></div>	Did you suffer a work-related injury? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered Yes, please explain: <div style="border: 1px solid black; height: 120px; width: 100%;"></div>																																				
Company name: _____ Job title: _____ City, State: _____ Started: _____ Ended: _____ Avg. hours/week: _____	Hazards: <div style="border: 1px solid black; height: 80px; width: 100%;"></div> Comments: <div style="border: 1px solid black; height: 120px; width: 100%;"></div>	Did you suffer a work-related injury? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered Yes, please explain: <div style="border: 1px solid black; height: 120px; width: 100%;"></div>																																				

Name: _____ SSN: _____

Municipal Fire and Police Retirement System of Iowa
Occupational History for Police Officers - Part I: Primary Work continued

<p>Company name: _____ Job title: _____ City, State: _____ Started: _____ Ended: _____ Avg. hours/week: _____</p>	<p>Hazards: _____ Comments: _____</p>	<p>Did you suffer a work-related injury? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered Yes, please explain: _____</p>
<p>Company name: _____ Job title: _____ City, State: _____ Started: _____ Ended: _____ Avg. hours/week: _____</p>	<p>Hazards: _____ Comments: _____</p>	<p>Did you suffer a work-related injury? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered Yes, please explain: _____</p>
<p>Company name: _____ Job title: _____ City, State: _____ Started: _____ Ended: _____ Avg. hours/week: _____</p>	<p>Hazards: _____ Comments: _____</p>	<p>Did you suffer a work-related injury? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered Yes, please explain: _____</p>

Name: _____ SSN: _____

Municipal Fire and Police Retirement System of Iowa
Occupational History for Police Officers - 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 you were exposed to, such as:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%; vertical-align: top;"><u>Physical:</u></td> <td style="width: 25%; vertical-align: top;"><u>Chemical:</u></td> <td style="width: 25%; vertical-align: top;"><u>Biological:</u></td> <td style="width: 25%; 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 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>Did you suffer a work-related illness or injury? Check Yes or No for each employment. Please explain each Yes answer.</p> <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>																																			
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<p>Company name: _____</p> <p>Job title: _____</p> <p>City, State: _____</p> <p>Started: _____</p> <p>Ended: _____</p> <p>Avg. hours/week: _____</p>	<p>Hazards:</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div> <p>Comments:</p> <div style="border: 1px solid black; height: 120px; width: 100%;"></div>	<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 answered Yes, please explain:</p> <div style="border: 1px solid black; height: 120px; width: 100%;"></div>																																				
<p>Company name: _____</p> <p>Job title: _____</p> <p>City, State: _____</p> <p>Started: _____</p> <p>Ended: _____</p> <p>Avg. hours/week: _____</p>	<p>Hazards:</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div> <p>Comments:</p> <div style="border: 1px solid black; height: 120px; width: 100%;"></div>	<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 answered Yes, please explain:</p> <div style="border: 1px solid black; height: 120px; width: 100%;"></div>																																				

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Municipal Fire and Police Retirement System of Iowa

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

<p>Company name: _____ Job title: _____ City, State: _____ Started: _____ Ended: _____ Avg. hours/week: _____</p>	<p>Hazards: _____ Comments: _____</p>	<p>Did you suffer a work-related injury? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered Yes, please explain: _____</p>
<p>Company name: _____ Job title: _____ City, State: _____ Started: _____ Ended: _____ Avg. hours/week: _____</p>	<p>Hazards: _____ Comments: _____</p>	<p>Did you suffer a work-related injury? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered Yes, please explain: _____</p>
<p>Company name: _____ Job title: _____ City, State: _____ Started: _____ Ended: _____ Avg. hours/week: _____</p>	<p>Hazards: _____ Comments: _____</p>	<p>Did you suffer a work-related injury? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered Yes, please explain: _____</p>

Name: _____ SSN: _____

Municipal Fire and Police Retirement System of Iowa
Occupational History for Police Officers - Part III: Hobbies & Activities

Hobbies & Activities: This list applies to your hobbies and other activities outside of work.	List potential hazards you were exposed to, such as: <table border="0"><tr><td><u>Physical:</u></td><td><u>Chemical:</u></td><td><u>Biological:</u></td><td><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			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).
<u>Physical:</u>	<u>Chemical:</u>	<u>Biological:</u>	<u>Psychological:</u>																																			
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	Caustics																																					
Hobby or Activity: _____ Job title (if applicable): _____ City, State (if applicable): _____ Started: _____ Ended: _____ Avg. hours/week: _____	Hazards: <div style="border: 1px solid black; height: 80px; width: 100%;"></div> Comments: <div style="border: 1px solid black; height: 120px; width: 100%;"></div>	Did you suffer a hobby-related injury? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered Yes, please explain: <div style="border: 1px solid black; height: 120px; width: 100%;"></div>																																				
Hobby or Activity: _____ Job title (if applicable): _____ City, State (if applicable): _____ Started: _____ Ended: _____ Avg. hours/week: _____	Hazards: <div style="border: 1px solid black; height: 80px; width: 100%;"></div> Comments: <div style="border: 1px solid black; height: 120px; width: 100%;"></div>	Did you suffer a hobby-related injury? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered Yes, please explain: <div style="border: 1px solid black; height: 120px; width: 100%;"></div>																																				

Name: _____ SSN: _____

Municipal Fire and Police Retirement System of Iowa
Occupational History for Police Officers - Part III: Hobbies & Activities continued

<p>Hobby or Activity: _____</p> <p>Job title (if applicable): _____</p> <p>City, State (if applicable): _____</p> <p>Started: _____</p> <p>Ended: _____</p> <p>Avg. hours/week: _____</p>	<p>Hazards: _____</p> <p>Comments: _____</p>	<p>Did you suffer a hobby-related injury? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you answered Yes, please explain: _____</p>
<p>Hobby or Activity: _____</p> <p>Job title (if applicable): _____</p> <p>City, State (if applicable): _____</p> <p>Started: _____</p> <p>Ended: _____</p> <p>Avg. hours/week: _____</p>	<p>Hazards: _____</p> <p>Comments: _____</p>	<p>Did you suffer a hobby-related injury? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you answered Yes, please explain: _____</p>
<p>Hobby or Activity: _____</p> <p>Job title (if applicable): _____</p> <p>City, State (if applicable): _____</p> <p>Started: _____</p> <p>Ended: _____</p> <p>Avg. hours/week: _____</p>	<p>Hazards: _____</p> <p>Comments: _____</p>	<p>Did you suffer a hobby-related injury? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you answered Yes, please explain: _____</p>