MFPRSI MUNICIPAL FIRE & POLICE RETIREMENT SYSTEM OF IOWA
7155 Lake Drive, Suite 201
West Des Moines, IA 50266
Phone: 515.254.9200
Toll Free: 888.254.9200
Fax: 515.254.9300
pensions@mfprsi.org
www.mfprsi.org

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.

Name Date Last 5 Digits of SSN	List of potential hazards you were exposed to, such as: **Physical**: Noise, Radiation, Vibration, Electrical Shock, Temperature, Repetitive Motion, Heavy Lifting **Chemical**: Mercury, Lead, Dust, Gases, Fumes, Acids, Solvents, Caustics **Biological**: Viruses, Bacteria, Parasite, Fungus, Animals **Psychological**: 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).
Company Name Job Title City State Date Started Date Ended Average Hours per Week	Hazards: Comments:	Did you suffer a work-related injury? ☐ Yes ☐ No If you answer Yes, please explain:
Company Name Job Title City State Date Started Date Ended Average Hours per Week	Hazards: Comments:	Did you suffer a work-related injury? ☐ Yes ☐ No If you answer Yes, please explain:

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Occupational History for Firefighters – Part I: Primary Work continued

Name ______________________ Last 5 Digits of SSN ____________

Company Name Job Title City State Date Started Date Ended Average Hours per Week	Hazards: Comments:	Did you suffer a work-related injury? ☐ Yes ☐ No If you answer Yes, please explain:
Company Name Job Title City State Date Started Date Ended Average Hours per Week	Hazards: Comments:	Did you suffer a work-related injury? ☐ Yes ☐ No If you answer Yes, please explain:
Company Name Job Title City State Date Started Date Ended Average Hours per Week	Hazards: Comments:	Did you suffer a work-related injury? ☐ Yes ☐ No If you answer Yes, please explain:

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Occupational History for Firefighters – Part II: Secondary Work

Secondary Work Examples: Firefighting Civil Defense Farming Civic Activities **Part II applies to your secondary work:**	List of potential hazards you were exposed to, such as: **Physical**: Noise, Radiation, Vibration, Electrical Shock, Temperature, Repetitive Motion, Heavy Lifting **Chemical**: Mercury, Lead, Dust, Gases, Fumes, Acids, Solvents, Caustics **Biological**: Viruses, Bacteria, Parasite, Fungus, Animals **Psychological**: 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).
Company Name Job Title City / State Date Started / Date Ended Average Hours per Week	Hazards: Comments:	Did you suffer a work-related injury? ☐ Yes ☐ No If you answer Yes, please explain:
Company Name Job Title City / State Date Started / Date Ended Average Hours per Week	Hazards: Comments:	Did you suffer a work-related injury? ☐ Yes ☐ No If you answer Yes, please explain:

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Occupational History for Firefighters – Part II: Secondary Work continued

Name ______________________ Last 5 Digits of SSN ______________

Company Name Job Title City State Date Started Date Ended Average Hours per Week	Hazards: Comments:	Did you suffer a work-related injury? ☐ Yes ☐ No If you answer Yes, please explain:
Company Name Job Title City State Date Started Date Ended Average Hours per Week	Hazards: Comments:	Did you suffer a work-related injury? ☐ Yes ☐ No If you answer Yes, please explain:
Company Name Job Title City State Date Started Date Ended Average Hours per Week	Hazards: Comments:	Did you suffer a work-related injury? ☐ Yes ☐ No If you answer Yes, please explain:

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Occupational History for Firefighters – Part III: Hobbies & Activities

Hobbies & Activities This list applies to your hobbies and other activities outside of work	List of potential hazards you were exposed to, such as: **Physical**: Noise, Radiation, Vibration, Electrical Shock, Temperature, Repetitive Motion, Heavy Lifting **Chemical**: Mercury, Lead, Dust, Gases, Fumes, Acids, Solvents, Caustics **Biological**: Viruses, Bacteria, Parasite, Fungus, Animals **Psychological**: 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).
Hobby or Activity Job Title (if applicable) City (if applicable) State Date Started Date Ended Average Hours per Week	Hazards: Comments:	Did you suffer a work-related injury? ☐ Yes ☐ No If you answer Yes, please explain:
Hobby or Activity Job Title (if applicable) City (if applicable) State Date Started Date Ended Average Hours per Week	Hazards: Comments:	Did you suffer a work-related injury? ☐ Yes ☐ No If you answer Yes, please explain:

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

Name ____________________ Last 5 Digits of SSN ____________

Hobby or Activity Job Title (if applicable) City (if applicable) State Date Started Date Ended Average Hours per Week	Hazards: Comments:	Did you suffer a work-related injury? ☐ Yes ☐ No If you answer Yes, please explain:
Hobby or Activity Job Title (if applicable) City (if applicable) State Date Started Date Ended Average Hours per Week	Hazards: Comments:	Did you suffer a work-related injury? ☐ Yes ☐ No If you answer Yes, please explain:
Hobby or Activity Job Title (if applicable) City (if applicable) State Date Started Date Ended Average Hours per Week	Hazards: Comments:	Did you suffer a work-related injury? ☐ Yes ☐ No If you answer Yes, please explain: