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

Name:	SSN:	
	Municipal Fire and Police Retirement Sy	 ystem of Iowa
	Occupational History for Police Officers - Part I: Pr	rimary Work continued
Company name:	Hazards:	Did you suffer a work-
Job title:		related injury?
City, State:	Comments:	If you answered Yes, please explain:
Started:		
Ended:		
Avg. hours/week:		
Company name:	Hazards:	Did you suffer a work- related injury?
Job title:		Yes No
City, State:	Comments:	If you answered Yes, please explain:
Started:	Comments.	
Ended:		
Avg. hours/week:		
Company name:	Hazards:	Did you suffer a work- related injury?
Job title:		Yes No
City, State:	Comments:	If you answered Yes, please explain:
Started:	Comments.	Explain.
Ended:		
Avg. hours/week:		

Name:	SSN:				
	•		Retirement System o		
	Occupational His	tory for Police (Officers - Part II: Seco	ondary Work	
Secondary Work:	List potential haza	ards you were ex	xposed to, such as:		Did you suffer a work-
Examples: Firefighting Civil defense Farming Civic activities This list applies to your secondary work:	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	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).
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
City, State:	Comments:				If you answered Yes, please explain:
Started:					
Ended:	-				
Avg. hours/week:	-				

Name:	SSN:	
	Municipal Fire and Police Retirement S	
	Occupational History for Police Officers - Part II: Se	
Company name:	Hazards:	Did you suffer a work-
Job title:		related injury?
City, State:	Comments:	If you answered Yes, please explain:
Started:	Comments.	
Ended:		
Avg. hours/week:		
Company name:	Hazards:	Did you suffer a work- related injury?
Job title:		Yes No
City, State:	Comments:	If you answered Yes, please explain:
Started:		
Ended:		
Avg. hours/week:		
Company name:	Hazards:	Did you suffer a work- related injury?
Job title:		Yes No
City, State:	Comments:	If you answered Yes, please explain:
Started:		
Ended:		
Avg. hours/week:		

Name:	SSN:				
	-		Retirement System of		
	Occupational Histo	ry for Police Off	icers - Part III: Hobbi	es & Activities	
Hobbies & Activities:	List potential haza	ards you were ex	xposed to, such as:		Did you suffer a hobby-
This list applies to your hobbies and other activities outside of work.	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	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:	Hazards:				Did you suffer a hobby-
Job title (if applicable):					related injury? Yes No
City, State (if applicable):	Comments:				If you answered Yes, please explain:
Started:	Comments				
Ended:					
Avg. hours/week:					
Hobby or Activity:	Hazards:				Did you suffer a hobby-
Job title (if applicable):	-				related injury? Yes No
City, State (if applicable):	Comments:				If you answered Yes, please explain:
Started:					
Ended:					
Avg. hours/week:	-				

Municipal Fire and Police Retirement System of Iowa Occupational History for Police Officers - Part III: Hobbies & Activities continued Hobby or Activity: Job title (if applicable): City, State (if applicable): Ended: Avg. hours/week: Hobby or Activity: Job title (if applicable): Comments: Comments	Name:	SSN:	
Hobby or Activity: Job title (if applicable): City, State (if applicable): Started: Ended: Avg. hours/week: Hazards: Did you suffer a hobby-related injury? Yes No If you answered Yes, plea explain: Telated injury? Job title (if applicable): Comments: Did you suffer a hobby-related injury? related injury? Telated injury? Yes No If you answered Yes, plea explain: To you			
Did title (if applicable): City, State (if applicable): Started:		Occupational History for Police Officers - Part III: Hobl	bies & Activities continued
Job title (if applicable): City, State (if applicable): Started: Ended: Avg. hours/week: Hobby or Activity: Job title (if applicable): Started: Ended: Avg. hours/week: Did you suffer a hobby-related injury? Yes explain: Did you suffer a hobby-related injury? Yes explain: Comments: Did you suffer a hobby-related injury? Yes on title (if applicable): Started: Ended: Avg. hours/week: Hobby or Activity: Hazards: Did you suffer a hobby-related injury? Yes on title (if applicable): Started: Ended: Avg. hours/week: Did you suffer a hobby-related injury? Yes on title (if applicable): Started: Ended: Avg. hours/week: Hobby or Activity: Job title (if applicable): City, State (if applicable):	Hobby or Activity:	Hazards:	
City, State (if applicable): Started: Ended: Avg. hours/week: Hobby or Activity: Job title (if applicable): Comments: Comments: Hazards: Comments: Did you suffer a hobby-related injury? Pes No If you answered Yes, pleated injury? Pes No If you answered Yes, pleated injury? Pes No If you answered Yes, pleated injury? Did you suffer a hobby-related injury? Pes No If you answered Yes, pleated injury? Did you suffer a hobby-related injury? Pes No If you answered Yes, pleated injury?	Job title (if applicable):		☐Yes
Started: Ended: Avg. hours/week: Hobby or Activity: Job title (if applicable): Ended: Avg. hours/week: Hazards: Comments: Hazards: Comments: Did you suffer a hobby-related injury? Yes No If you answered Yes, pleated injury? Yes No If you suffer a hobby-related injury? Yes No If you suffer a hobby-related injury? Yes No If you answered Yes, pleated injury?	City, State (if applicable):		
Ended: Avg. hours/week: Hobby or Activity: Job title (if applicable): City, State (if applicable): Ended: Avg. hours/week: Hazards: Comments: Comments: Ended: Avg. hours/week: Hazards: Did you suffer a hobby-related injury? Yes No If you answered Yes, pleated injury? Ended: Avg. hours/week: Hazards: Did you suffer a hobby-related injury? Yes No If you answered Yes, pleated injury?		Comments:	
Avg. hours/week: Hobby or Activity: Job title (if applicable): City, State (if applicable): Ended: Avg. hours/week: Hazards: Comments: Comments: Did you suffer a hobby-related injury? Yes No If you answered Yes, pleated explain: Finded: Avg. hours/week: Hazards: Job title (if applicable): City, State (if applicable): City, State (if applicable): If you suffer a hobby-related injury? Yes No If you suffer a hobby-related injury? Yes No If you suffer a hobby-related injury? Yes No If you answered Yes, pleated injury?	Started:		
Avg. hours/week: Hobby or Activity: Job title (if applicable): City, State (if applicable): Ended: Avg. hours/week: Hazards: Comments: Comments: Did you suffer a hobby-related injury? Yes No If you answered Yes, pleated explain: Finded: Avg. hours/week: Hazards: Job title (if applicable): City, State (if applicable): City, State (if applicable): If you suffer a hobby-related injury? Yes No If you suffer a hobby-related injury? Yes No If you suffer a hobby-related injury? Yes No If you answered Yes, pleated injury?	Ended:		
Hobby or Activity: Job title (if applicable): City, State (if applicable): Started: Ended: Avg. hours/week: Hazards: Hazards: Comments: Ended: Avg. hours/week: Hazards: Did you suffer a hobby-related injury? yes Explain: Did you suffer a hobby-related injury? parallel injury? parall			
Telated injury? Telated in	Avg. hours/week:		
Telated injury? Telated in	Hobby or Activity:	Hazarde:	Did you suffer a hobby-
Job title (if applicable): City, State (if applicable): Comments: Ended: Avg. hours/week: Hobby or Activity: Job title (if applicable): City, State (if applicable): City, State (if applicable): Lity you answered Yes, please explain: Did you suffer a hobby-related injury? Lity Yes No If you answered Yes, please explain: Did you suffer a hobby-related injury? Lity Yes No If you answered Yes, please explain:		Tidzards.	
City, State (if applicable): Comments:	Job title (if applicable):		
Comments: Ended: Avg. hours/week: Hobby or Activity: Job title (if applicable): City, State (if applicable): Comments:		<u> </u>	
Started: Ended: Avg. hours/week: Hobby or Activity: Job title (if applicable): City, State (if applicable): Indeed: Indeed	City, State (if applicable):	Comments	
Avg. hours/week: Hobby or Activity: Job title (if applicable): City, State (if applicable): Did you suffer a hobby-related injury? Yes No If you answered Yes, plea	Started:	Comments.	explain.
Avg. hours/week: Hobby or Activity: Job title (if applicable): City, State (if applicable): Did you suffer a hobby-related injury? Yes No If you answered Yes, plea			
Hobby or Activity: Job title (if applicable): City, State (if applicable): Did you suffer a hobby-related injury? related injury? No If you answered Yes, please	Ended:		
Hobby or Activity: Job title (if applicable): City, State (if applicable): Did you suffer a hobby-related injury? related injury? No If you answered Yes, please	Δνα hours/week:		
Job title (if applicable): City, State (if applicable): related injury? Yes No If you answered Yes, plea	7.vg. Hodrsy week.		
Job title (if applicable): City, State (if applicable): Yes No If you answered Yes, plea	Hobby or Activity:	Hazards:	Did you suffer a hobby-
City, State (if applicable): If you answered Yes, plea			related injury?
	Job title (if applicable):		
	City. State (if applicable):		
	coop, coase (in approximate).	Comments:	
Started:	Started:		
	Fn dod.	<u> </u>	
Ended:	chaea:		
Avg. hours/week:	Avg. hours/week:		