## Workers’ Compensation
### Georgia Activity Analysis

<table>
<thead>
<tr>
<th>POSITION TITLE:</th>
<th>EMPLOYEE NAME:</th>
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<tbody>
<tr>
<td>DATE/BY WHOM:</td>
<td>AGENCY/LOCATION:</td>
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</tbody>
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### I. PURPOSE OF POSITION
(Describe in terms of the reason the position exists.)

### II. TASKS
A. Describe each task, in order of frequency performed. What is required to do the position?
B. Indicate primary physical, mental and environmental demands required to perform each task.

<table>
<thead>
<tr>
<th>A. Tasks</th>
<th>B. Demands</th>
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### III. REQUIRED PRODUCTIVITY
(Describe production rate including quantity & quality of work required)

### IV. WORK SCHEDULE REQUIREMENTS
(Describe specific shifts (including rotating) and/or hours, travel or overtime)

### PHYSICIAN COMMENTS
(Complete the appropriate box below and provide comments as necessary)

- I release ________________________________ to this job as above described.
- I release ________________________________ to this job under the following conditions:

The medical rationale is:

- I cannot release ____________to any part of this job at this time. The medical rationale is:

Next appointment is scheduled for

Physician’s Signature: ___________________________ Date: ___________________________