



Workers' Compensation Georgia Activity Analysis

POSITION TITLE:	EMPLOYEE NAME:
DATE/BY WHOM:	AGENCY/LOCATION:
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.	
A. Tasks	B. Demands
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: