

# GEORGIA ACTIVITY ANALYSIS

<b>II. JOB FUNCTIONS*</b> A. Describe each task in order of frequency performed. What is required to do the job? B. Indicate primary physical, mental and environmental demands required to perform each function.	
<b>A. Job Functions</b>	<b>B. Physical Demands</b>
<b>III. REQUIRED PRODUCTIVITY</b> (Describe production rate including quantity & quality of work required)	
<b>IV. WORK SCHEDULE REQUIREMENTS</b> (Describe specific shifts (including rotating ) and/or hours, travel or overtime)	
<b>PHYSICIAN COMMENTS</b> (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:	
An appointment to review _____ condition further is scheduled for _____.	
<b>Physician's Signature:</b>	<b>Date:</b>

• **How to Complete the Georgia Activity Analysis**

**Position Title:** “What do you call the job?” “Housekeeper”, “Equipment Operator”, etc.

**Employee's Name:** Include the name of the injured employee.