

Department of Corrections Georgia Activity Analysis

SOP 104.39.12
Attachment 10
1/16/18

Use this form to conduct an analysis of a specific job - Employee is responsible for providing healthcare provider with an authorization to release medical information.

Employee Name & ID #:	Work Location:	DATE:
Job Title:	COMPLETED BY (NAME/TITLE):	
I. Purpose of Job (Describe in terms of desired outcomes, rather than in terms of how traditionally performed):		
II. Job Functions (Describe each essential duty/job function in order of frequency performed; and list primary physical, mental and environmental demands required to perform each function)		
Essential Duty/Job Function Description	Primary Demands	
1.		
2.		
3.		
4.		
5.		
III. Required Productivity (Describe or quantify output required of employee in this position, including quality of work requirements)		
IV. Required Work Schedule (Describe any special qualifications required for this job, including the ability to work specific shifts and rotating shifts)		
V. Healthcare Provider Comments		
<input type="checkbox"/> The employee is not a danger to self or others and I release this employee to this job as described above. <input type="checkbox"/> The employee is not a danger to self or others and I release this employee to this job under the following <input type="checkbox"/> temporary <input type="checkbox"/> permanent restrictions.		
If released, please list any drugs, currently taken by the employee that may have side effects or that may impact job performance:		
<input type="checkbox"/> I cannot release this employee to any part of this job at this time, due to the reasons below. A follow up appointment is scheduled for : _____		
Healthcare Provider Signature:		Date:
Print Name:		Telephone: ()

Retention Schedule: Upon completion, this form shall be retained permanently in the official and local medical file of the employee.