Ref: - {ref}

**FITNESS TEST/SELF-DEFENSE TRAINING**

**UNDERTAKING AND ACKNOWLEDGEMENT FORM**

|  |  |
| --- | --- |
| **Course Details:** | {course} |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Trainee Details** | | | | | | | |
| Name | {name} | | | | Nationality | {na} | |
| Company | {company} | | | | Gender | {gen} | |
| Employee ID | {id} | | | | Date of Birth | {dob} | |
| Height | {height} | Weight | {weight} | Blood Pressure | {bp} | BMI | {bmi} |

I hereby sign and I have read and acknowledged the information stated below.

1. I understand and will be fully legally obligated to assign to do a physical fitness test based on the service provided by TSTI.
2. Any health issues/problems not listed on the Medical fit report which I provided are considered part of my own responsibility and I will be subject to the legal accountability stipulated.

Date: - {date}

**Left Hand Thumb impression**