Introduction

The determining of the children's systematic education age is an important question for almost two centuries. In the XIX beginning in school was defined as 7-year-old, a little later - 8-year-old child's age. In Soviet times children entered the school at 7 years. V.A.Sukhomlinsky developed a system of 6 years-old childrens education in 1951. The next attempt of 6-years systematic school entering was in 70 - 80 years of the last century. The 6-years educational start in independent Ukraine took place in 2003, but without adequate scientific physiological and hygienic maintenance.

In accordance to the Law of Ukraine "On General Education", medical and pedagogical control with the identifying of readiness for school must be an obligatory condition for the 6-year-old systematic study beginning. However, the usually admission to 1st form is conducted by age, and in specialized schools in terms of knowledge. The questions of health are ignored for both doctors and teachers.

Today there are few studies of children's health and its 1-year study dynamics. Issues of further changes in levels of health are out of focus. Preventive medicine is practically not involved in the long-term effects researches of the children's health formation.

The objective of our study was to determine the health state formation features in high school pupils, depending on the age of entry to first grade.

Materials and methods

There were examined 983 pupils 9 - 10 forms in Kyiv schools. Study design provided the health assessment of 15 - 16 years adolescents and their subsequent distribution of observations contingent into groups depending on age of its school entering. The morpho-functional examination of students with their physical health level determining has been conducted; the materials of clinical examination and
absenteeism on the disease have been analyzed. The methods of variation statistics and indicators odds ratio were applied.

**Results**

According to our data, 70.1% of surveyed teens have began schooling at age 6 - 7 years. However a group of children with less than 6 or greater than 7 years-old entering school was significant. The initial health of children went to school after 7 years was the worst. This is due to the chronic diseases and/or frequent acute diseases that were the cause of their delayed entry into school.

Distribution of 9th – 10th grades in terms of physical health found that nearly half of teens (53.8%) had poor physical health. The older the child is at the start of the study, the higher is the level of somatic health in adolescence: the part of adolescents with low physical health levels was highest among pupils went to 1st form under 6 years and lowest among those who went to 1st form at age 6,5 - 7 years (r≤0, 05).

Whatever the school entering age, the amount of girls with low physical health was greater than in boys.

The greatest chance of physical health reducing had children went to school at the age of 6 years (OR = 1,63; L_min = 1,15; L_max= 2,31) and at the age from 6 years to 6 years 3 months (OR = 1,57; L_min = 1,10; L_max= 2,25). This statistically significant risk indicators found only in boys. Population risk factor "age of entry to school" is rather high (due to the prevalence of risk factors in the population).

**Conclusions**

There was established that one of the causes of health deterioration in adolescents, along with the organization of educational process, lifestyle, etc., is also an early age the child's entry to school. The amount of adolescents with low physical health levels is likely higher, and with high – likely lower in children who
began schooling at the age before 6 years and 3 months compared with those who started education in 6,5 years (r≤0,05).

It is important to improve the work of medical and educational commissions when taking a child to school, particularly in determining the medical component of school maturity.