**Background.** The problem of preserving and strengthening of children’s health has been and remains one of the topical problems in modern medicine. Experts attribute the deterioration of health indicators both with environmental degradation, declining social and medical culture, and with insufficient capacity of methodology of assessment of children’s health on to the stage of clinical entities. The current method does not reflect the adaptation of the child to physical activity, and moreover, can not predict the probability of chronic diseases’ emergence. Applying of Rufe test during medical examinations that is proposed by regulatory documents, does not solve and even complicates the distribution of pupils into health groups for physical training. The reason for the problems with the use of Rufe test as a method of diagnostics of functional state of the cardio – vascular system of children is seen in ignoring of the child's age when calculating the index Rufe.

**Objective.** Revealing of the indicators characterising a morphological and functional condition of schoolboys of 10-12 years of the basic medical group was a research objective.

**Methods.** To study were selected by children 10-12 years referred for medical examination by the method S.M. Hrombaha to the primary health care team.

**Results.** The analysis of existing national and international methods of evaluation of health of children and adolescents (quantitative method of rapid assessment of physical health in H.L.Apanasenko, computer program FITNESSGRAM / ACTIVITYGRAMM developed by Cooper Institute and the National Association of Sports and Physical Education USA (NASPE); computer - diagnostic program control health students designed M.P.Horobeem, computer program proposed SV Khrushchev, SD Polyakov , AM Sobolev - based on a rapid assessment of the level of physical health H.L.Apanasenko, automated assessment system of physical health "Shcolar" V.A.Shapovalovoyi et al.). Among them selected for study two methods: a quantitative method of rapid assessment of physical health by H.L.Apanasenko and automated assessment system of physical health "Shcolar" V.A.Shapovalovoyi that most meet your goals work (Apanasenko, 1987). To
assess the physical health of students in the methods used H.L.Apanasenko complex, which consists of morphological and functional parameters that have the highest degree of correlation with installed power of the body, the level of overall stamina and acute disease. Technique does not require sophisticated diagnostic equipment. The methodology is H.L.Apanasenko submission by the fact that increasing the viability of a living system is accompanied by an increase in energy potential, as evidenced by increasing reserve function and economization main criterion for health (viability) is considered to be the value of the individual MSCs. It is a quantitative expression of MSCs level health indicator "number of" health, so that aerobic capacity is a reflection on organism level functions of mitochondria. The higher levels of physical health, the less the likelihood of somatic diseases and colds. Regarding the theoretical foundations V.A.Shapovalovyi techniques, the work of the author is not given, so we have not given too. The program is not reflected figures economization functions that must accompany an increase in health. Data obtained during the performance indicate that, for both methods, the primary health care team included students with different levels of physical health, how the lessons of physical education offered to perform the same exercise.

The described the reasoning of a new methodology and methods of distribution of pupils into groups for physical exercise, taking into account the level of health and physical performance.

It was established that the greatest accuracy and information content has methods of Apanasenko G.L. "Quantitative rapid assessment of the level of children’s and teenagers’ physical health", which enables on prehospital stage to conduct primary screening with quantitative determination of level of the individual pupil's health and not the presence or absence of acute or chronic diseases or defects of development. It is proved that the level of health by Apanasenko G.L. correlate well with indicators that define the functional status and adaptation to physical stress of children and teenagers. The study of functional status of school children 10-12 years with low health, clearly demonstrated and analyzed their features.
Index Robinson, Ruf'ye, heart rate, H.L.Apanasenko the method has high correlation with the level of care (p < 0.05). The level of care as defined by the program "Shcolar", such information is not. A statistical analysis of indices obtained during the test students on how V.A.Shapovalovoyi not have significant differences p > 0.05. Between heart rate and levels of care methodology V.A.Shapovalovoyi no correlation (p = 0.85).

**Conclusion.** It is defined that there is the dependence of functional status, physical performance, level of physical activity, acute morbidity and the level of physical health by the method of G. Apanasenko. Using the "method of an express-assessment of the physical health of children and adolescents" by GL Apanasenko will:

- detect at-risk students who need individual sports and recreational activities
- carry out operative, objective monitoring of physical condition of students, not using the tests of physical fitness (lease requirements)
- provide timely correction of educational and health processes
- recommend kids for sports
- analyze the dynamics of individual and collective (age, sex, schools, regions) physical health of students.