FEATURES OF HEALTH ASSESSMENT OF HIGHER EDUCATION STUDENTS IN THE CONDITIONS OF DISTANCE LEARNING

Providing optimal opportunities for maintaining and improving the health of students is one of the priority factors in improving the health of the nation. Nowadays, in the context of distance learning, due to the conduct of hostilities on the territory of Ukraine as a result of Russia's military invasion, a fundamentally new model of physical education is being created, which involves the use of information technology: online classes, consultations, video viewing, use of gadgets, software applications for smartphones, in order to carry out operational control aimed at determining various functional indicators of the human body. Under the current circumstances, it is important to find and apply informative methods that can be used in the process of remote monitoring and allow a comprehensive assessment of the health of those who are engaged in training. Usually, in practice, the method of rapid assessment is used, according to which the level of health of a person is determined in points by converting the obtained functional indicators and indicators of physical qualities development using special scales. Most existing rapid assessment methods do not focus on indicators that integrally reflect the level of the body's functional state. Health is an integral indicator that depends on various factors that affect the body of those who exercise, but the decisive factor is the person's lifestyle (nutrition, daily routine, physical activity, etc.). A comprehensive assessment of the health of higher education students should take into account the assessment of health components, not just the physical component, and take into account such criteria as: level of physical development, correspondence of biological age to chronological age, level of functioning of the body's major systems, level of physical fitness, presence and absence of chronic diseases, degree of resistance to adverse environmental effects, psycho-emotional activity, etc. Such an assessment of the health status of applicants will contribute to the management of this process of their life through the organisation and implementation of special interventions aimed at its preservation. When choosing methods for assessing the health status of higher education students in distance learning, one should also focus on methods that are easy to use and do not require mathematical processing of the data obtained, lengthy examinations and are accessible to both teachers and students. In addition, the use of health assessment methods should contribute to the development of control and self-assessment skills of students.

Such methods, in our opinion, are those of O. I. Mikheienko, V. P. Voitenko, and H. Hryban. Assessment of the state of health of applicants by the method of O. I. Mikheenko, which takes into account the assessment of psycho-emotional activity (taking into account the attitude towards oneself and others), assessment of the efficiency of the respiratory and circulatory systems, assessment of the quality of food (taking into account the number of meals, the

quality composition of food and food in general), assessment of defecation, assessment of skin condition and appearance, posture, assessment of physical abilities (taking into account strength endurance, speed and power qualities, agility), experience of regular physical exercises, the number of cases of colds during the year, the number of existing chronic diseases, allows you to adjust the lifestyle of applicants in general, promotes the formation of comprehensive skills for a healthy lifestyle. The comprehensive health assessment according to this method is determined by the average number of points for 18 indicators: very high - 5.0 and above, high - 4.0-4.9; medium - 3.0-3.9; low - 2.0-2.9, very low - 1.0-1.9 points.

G. Griban's methodology allows to divide applicants into conditional groups according to their health status according to the criteria for self-assessment of health developed by him, which are assessed according to a five-point system:

by the level of physical development, physical performance and physical fitness:

- -by the absence of hereditary chronic and other diseases;
- -by the absence of headaches, pain in the joints, back, internal organs;
- -the results of analysers (hearing, vision, coordination, etc.)
- -presence/absence of appetite, sleep, mood, well-being, life satisfaction;
- absence of diseases during the examination by a doctor.

Applicants who have an average score of 5 according to the questionnaire are considered to be in perfect health, less than 5 are considered to have a good level of health, less than 4 to 3 - satisfactory, less than 3 to 2 - poor, less than 2 to 1 - very poor. To help applicants understand their health statuses, the researcher has provided definitions of the relevant states.

The ideal state of health of higher education applicants is characterised by high rates of physical development, the absence of any defects (normal height, body weight for height, proportionally developed muscles, correct posture, etc.), high physical performance, mostly excellent and good physical fitness, absence of chronic diseases, symptoms of hereditary diseases, headaches, joints, back, internal organs, etc.

The good health of higher education students is almost no different from the ideal. This is mainly a slight difference in physical development (some deviations of body weight from height and morphological status that do not significantly affect motor activity), performance, physical fitness (mostly good with a preference for excellent). They also do not have the following: physique defects, chronic diseases, consequences of injuries and illnesses, pain in the head, joints, back, internal organs, etc.

Satisfactory health is typical for higher education students who have a good to average level of physical development, performance and fitness. Some students are overweight, have minor postural defects, and have a disproportionate development of the muscular system. They are characterised by reduced physical activity and sometimes have symptoms of fatigue. They do not

have any special diseases or health disorders, have a normal appetite and good sleep. Their psychological state is normal.

Higher education students in poor health are characterised by unsatisfactory physical development (disproportionality between weight and height, overweight or underweight, poorly and disproportionately developed muscular system, etc. They may have chronic illnesses, congenital anomalies, and are more likely to have disabling illnesses. There may be impaired vision, hearing, and coordination of movements. Motor activity is low. Appetite, sleep and psychological state are normal, they do not always feel comfortable, less cheerful. They have health conditions.

Applicants with a very poor level of health are characterised by poor physical development (defects in physique, posture, disproportionate development of the muscular system, etc.), very poor performance, both physical and mental, and mostly poor physical fitness. Chronic and hereditary diseases, pain, and life discomfort are more common than others. Motor activity is very poor, and physical activity is mostly absent. They have significant health problems, often accompanied by partial disability.

Conclusions.

The criterion for choosing methods for assessing health status should be the complexity of the indicators used, ease of use and the absence of lengthy examinations, and accessibility for both teachers and students.