The scope of health education realised in upper-secondary schools in Poland

(Zakres edukacji zdrowotnej realizowany w szkołach ponadgimnazjalnych w Polsce)


Abstract – It is the school, according to the habitat approach, which is responsible for health education. Education, which is the pillar of all actions connected with promoting health, prevention and disease therapy. The research unequivocally indicates that many diseases manifesting in adults should be prevented during childhood. In Poland, the discussion whether the content of health education should be integrated with other subjects or extracted as a separate subject has been pending for many years. The school can be supported in realizing health education by the basic health care, local governments, government administration and non-governmental organisations (NGOs). The variations in the range of health education throughout different regions of Poland seem to be an important issue.

This paper was developed based on an analysis of legal acts and documents.

Key words - school, health education, young adults

Słowa kluczowe - szkoła, edukacja zdrowotna, młodzież.

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I. INTRODUCTION

School is a place, which, besides family, is responsible for the process and the effects of health education of children and young adults. As an organisation, through the process of education, it influences the health-related behaviour of children and young adults, and indirectly also of their parents [1]. Health education is closely related to the activities in the area of health promotion and disease prevention. In the process of education real-
ised at school, every child has the right to health education, as it is where a systematic health education - an important element of the country's health policy - is enabled. One should notice that health education constitutes a significant support in the realisation of school's tasks [2]. The goal of health education realised at school is developing the students' attitude of self-healthcare and care of other people's health, as well as the ability to create a health-friendly environment [3]. The conditions influencing the effectiveness of health education include:

- the use of various methods and activating techniques in conducting the classes
- cooperation with parents at the stage of planning and realizing the classes
- conducting the evaluation of the classes with participation of students and their parents and, basing on it, introducing modifications of the content and organisation of the classes [4]

The aim of this work is to present inequalities in the students' access of to health education realised at schools. The paper has been written based on legal acts and literature.

II. THE MODEL OF HEALTH EDUCATION IN UPPER-SECONDARY SCHOOLS

The actual introduction of health education to Polish schools took place at the turn of the 20th and 21st century, as an effect of the reform of educational system and of the developing movement of health-promoting schools. In 1997, health education was included in the core curriculum of general education for all types of schools. The reform of educational system in 1999 introduced the educational path 'pro-health education'. In 2002, after another core curriculum modification, health education was added to the core curriculum of general education for all schools, obliging the schools to prepare preventive healthcare programs [4]. The dissolution of the educational path 'pro-health education' took place in 2008 with the introduction of the new core curriculum of general education but its content are still present in almost all subjects, also physical education, which in the stages 2, 3 and 4 of education plays a leading role in health education [2,5].

The core curriculum of the stages 3 and 4 of education set the physical education as having a leading role in health education at school. A new and important change was the individualisation of the bloc 'health education'. It was established that the classes in health education as a part of physical education should be adjusted to the needs of the students, which would be assessed on the basis of a conducted diagnosis. The contents of teaching should also be correlated with the scope of topics realised within the subjects such as: biology, personal health and social education, civic education, education for safety, entrepreneurship education, religion and ethics. Such a solution requires the cooperation of teachers of different subjects and the nurse of teaching and education environment. It is also important to coordinate the classes with the educational programs as offered by different subjects [3]. It has been accepted that the content of health education should take a holistic attitude to health, resulting in the expansion of the content with the aspects of psychosocial health and life skills [6]. The scope of content of health education realised in upper-secondary schools is presented in Table 1.

The classes in health education are obligatory and they are realised from the pool of facultative hours, during any semester chosen by a school in the whole stage of education. Woynarowska B. distinguishes three variants of health education organisation: an optimal, alternative, and an incorrect variant. The optimal variant assumes realisation of a bloc of minimum 30 hours during 3 years of education in secondary and upper-secondary schools as a continuous program (1 semester) and the time of realisation of individual classes of 1 or 2 lessons. In the alternative variant, the realisation of the program of lectures in a period shorter than one semester is proposed. The incorrect solution points to the possibility of realisation of the lectures in the time period longer than 1 semester, with long gaps between individual lessons and realisation of the content of the bloc during part of the time planned for physical exercise. All the classes in physical education, including the health education bloc, should have the character of classes requiring physical activity. It may be realised through: modification of plays, giving additional tasks during the classes in physical education and conducting theoretical classes in the form of a workshop [7].

1 The stage 2 of education includes the students of 4th-6th class of primary schools, the stage 3 includes the students of secondary schools and the stage 4 is realised for the students of upper-secondary schools.
Table 1. The goals and content of teaching within the scope of health education as included in the core curriculum for physical education in upper-secondary schools

<table>
<thead>
<tr>
<th>Educational goals - general requirements</th>
<th>Contents of teaching - detailed requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preparation for physical activity throughout the whole life, self-health and other people's health prevention and improvement, especially: 1. recognizing the need for physical activity throughout the whole life 2. using the rules of pro-health life style in everyday life 3. acting as a critical consumer (recipient) of sports; 4. skills favouring the prevention of diseases and improving psychological and social health.</td>
<td>Student: 1. explains why health is a value for humans and a resource for society and what the health care in the period of puberty and early maturity consists in; 2. explains what responsibility for one's own and other people's health means; 3. discusses constructive, optimistic ways of explaining difficult events and re-formulating negative thoughts as positive; 4. explains what is meant by working to raise self-confidence, self-esteem and the ability to take decisions; 5. explains what is meant by constructive transmitting and receiving of positive and negative information about health and knows how to deal with critique; 6. talks about the rules of rational time managing; 7. explains how self-examination and self-health control works and why preventive medical examinations should be conducted throughout the whole life; 8. explains what it means to be an active patient and what are the basic rights of a patient; 9. explains the causes and effects of stereotypes and stigmatisation of mentally ill and discriminated people (e.g. living with HIV/AIDS); 10. plans a project concerning selected issues from the area of health and points to the ways of winning allies and co-participants of the project at school, at home or local community; 11. discusses what co-participation and cooperation of people, organisations and institutions in pro-health activities consist in; 12. explains what is the relation between health and environment and what one can do to create a health-friendly environment</td>
</tr>
</tbody>
</table>

III. PREVENTIVE HEALTH CARE OF SCHOOL CHILDREN

Children and young adults require health care focused on prevention and promotion of health. Presently, the school system gives a possibility of conducting an extensive preventive health care of students and, indirectly, also of parents. The preventive health care realised for children and young adults of school age is an element of the country's health policy and is realised as a part of primary health care. The current conception of preventive health care is based on the assumption that the health of an individual, as well as of the population, is conditioned by many non-medical factors, including the physical and social environment at school.

Preventive health care of students means health services realised for the students, with the aim of supporting the development and education of children and young adults and of the cooperation for prevention and promotion of health [8]. The preventive health care is realised by a family doctor on the basis of declaration of choice of a primary health care practitioner, a dentist and a nurse, who accomplished a specialisation training in the area of nursing in the school and teaching environment or is being trained in the specialisation of nursing in the school and teaching environment or has a master degree in nursing and at least three years of experience in working in primary health care or as a school nurse.

A nurse of the teaching and education environments is one of the medical employees of the school who realizes the preventive health care of the students. The number of students under the preventive health care of one nurse is conditioned by the type of school, the number of disabled students, and their level of disability. The working time of the nurse of the teaching and education environments is proportional to the number of students under health care and the timetable. The number of students for one full working time of a nurse of the teaching and education environment is presented in Table 2. In case the number of students is lower, the nurse provides the services in more than one school [9].

The school nurse realizes preventive health care of students, which includes activities preventing the diseases and limiting disease factors, directed on students with their families and on the school environment. Health services in the school environment are realised according to the standards and methodology of work created by the Institute of Mother and Child in Warsaw. [8, 10, 11]
The health services realised for students by a nurse of the teaching and education environment include:

- conducting and interpreting of screening tests;
- managing the screening test procedure and taking care of the students with positive test results;
- active advisory services for students with health problems;
- active health care (adequately to the type of school) of students with chronic diseases and disabilities and conducting medical procedures necessary for students during their stay at school, only on written instruction by a medical doctor and in agreement with a primary health care practitioner to whom the student is ascribed as a recipient of medical services;
- providing first aid in the situations of sudden injuries, diseases or intoxications;
- advisory services for the headmaster in the area of the safety conditions for students, sanitary conditions and organisation of meals;
- education about oral cavity health;
- taking part in planning, realisation and evaluation of school education [9].

In the working standards for a nurse, as well as in the guaranteed services, the educational tasks realised by nurses for children and young adults of school age are enumerated. Woynarowska B. distinguishes different educational tasks of a nurse:

- student-oriented - every contact with a student creates an educational situation: collecting interviews, screening tests, giving ambulatory advises, active advisory services;
- oriented on the group of students with health problems - education oriented on the group of students with health problems, such as obesity, chronic diseases, visual impairment, with the aim of helping to teach the students about self-care. What is important is engaging parents in the realised educational tasks;
- connected with the activities of school - nurse can provide advisory services for teachers, realize her own programs or programs offered by other institutions, e.g. sanitary-epidemiological stations, local governments [1,2].

Table 2. The suggested number of students for a full working time of one school nurse

<table>
<thead>
<tr>
<th>Type of school</th>
<th>Number of students for one school nurse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary schools, secondary schools, upper-secondary schools, specialized secondary schools (without workshop classes), artistic schools on the secondary or upper-secondary school laws, post-secondary schools with the teaching schedule not longer than 2.5 years</td>
<td>880-1100 students</td>
</tr>
<tr>
<td>Primary schools, secondary schools, specialized secondary school (without workshop classes) with integration and sports classes</td>
<td>Number of students calculated on the basis of the coefficient</td>
</tr>
<tr>
<td>*coefficient 7 - for the students with a light mental impairment, physically fit, with physical impairment, visually impaired and blind, hard of hearing and deaf, with chronic diseases, requiring additional health services during the education at school</td>
<td></td>
</tr>
<tr>
<td>*coefficient 10 - for students with light mental impairment and physically impaired and students with mild or advanced mental impairment and physically fit</td>
<td></td>
</tr>
<tr>
<td>*coefficient 30 - for students with mild or advanced mental impairment and physically impaired</td>
<td></td>
</tr>
<tr>
<td>*coefficient 2 for the students of sports classes</td>
<td></td>
</tr>
<tr>
<td>Schools with professional education including workshops conducted at school, sports schools</td>
<td>700 students</td>
</tr>
<tr>
<td>Special schools for children and young adults</td>
<td></td>
</tr>
<tr>
<td>Type A – students with mild mental impairment, physically fit, visually impaired and blind, hard of hearing and deaf, with chronic diseases (including students in the schools for children and young adults socially maladjusted)</td>
<td>150 students</td>
</tr>
<tr>
<td>Type B – students with mild mental impairment and physically impaired, students with mild mental impairment, physically fit</td>
<td>80 students</td>
</tr>
<tr>
<td>Type C – students with mild mental impairment and with significant physical impairment</td>
<td>30 students</td>
</tr>
</tbody>
</table>

Legend:
* coefficient of the type of disability
Calculating the number of students for one nurse with the coefficient: to the general number of students the number of disabled students should be added. The result is to be multiplied by the coefficient of the type of disability and divided by 880-1100.
Within the scope of health education, a nurse can fulfil the functions of a medical consultant for the headmaster and the pedagogical council, an educator for children and parents and an initiator of actions and events concerned with the topic of health. Woynarowska B. points to the fact that a school nurse should be constantly oriented toward health education through the ability of communicating with students and creating pro-health schemes of behaviour [12,13].

In spite of pointing to the education as a service realised by a nurse of the teaching and education environment, no detailed description concerning the scope of topics was included in any of the legal acts. It should be noticed that the National Health Foundation specified the number of students for one nurse as between 880 and 1100, which is connected to their non-everyday presence in some of the educational institutions. Such a situation is unfavourable for familiarizing with students and guaranteeing an appropriate care and effective education and prevention. As a consequence, chronic diseases tend to be diagnosed later. Especially students from small towns and villages do not have access to preventive health care on an appropriate level [14]. Jodkowska M. et al. notice the inequalities in the access to preventive health care services realised for children and young adults at school, with the disadvantage of students from village schools, special needs schools and Basic Vocational Schools. Inequalities in the access to preventive health care is best seen in the area of health education - the smallest percentage of students taking part in health education is observed in Basic Vocational Schools of rural areas (64%) [15].

IV. THE PARTICIPATION OF LOCAL GOVERNMENTS IN REALISATION OF PREVENTIVE HEALTH CARE OF SCHOOL STUDENTS

The reform of state administration in 1999 gave local governments on every level the rights to realize the pro-health policy. The National Health Program 2007-2015 in the goal 8 points to supporting the development of physical and psychosocial health, as well as preventing the most frequent health and social problems of children and young adults, whereas in the goal 12 it proposes the activation of regional authorities and non-governmental organisations in activities aimed at promoting social health. Therefore, it gives the communes and districts the possibility to realize broadly defined social health initiatives.

The tasks of regional authorities include:
1. the formulation and implementation of regional and local programs providing health services, also the realisation of prevention and health promotion;
2. improving the possibilities of absorbing financial resources, including EU ones, for realisation of projects concerned with health prevention;
3. supporting and creating local partnerships for health;
4. establishing regional networks and local representatives for realisation of pro-health policy;
5. development of sports and leisure infrastructure [16].

On the basis of diagnosis of social health problems taking into consideration financial conditions, local governments decide about implementing health programs, including those addressed to children and young adults of school age. The programs can be realised within the area of school or outside it. Table 3 presents preventive programs addressed to school students, including the students of upper-secondary schools.
<table>
<thead>
<tr>
<th>City</th>
<th>Name of the program</th>
<th>Recipients of the program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bydgoszcz</td>
<td><strong>The program of Health Promotion for the city of Bydgoszcz</strong>&lt;br&gt;Preventive program concerned with lowering the scale of occurrence of faulty postures among children and young adults of school age. Promoting rational nutrition habits and preventing overweight and obesity;</td>
<td>Primary school students, upper-secondary school students&lt;br&gt;Upper-secondary school students&lt;br&gt;Secondary and upper-secondary school students up to the age of 19&lt;br&gt;Students of the last classes of upper-secondary schools</td>
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<tr>
<td></td>
<td>Educational program aiming at preventing mental disorders;</td>
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<tr>
<td></td>
<td>The program of early identification of glaucoma;</td>
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<tr>
<td></td>
<td>Educational program:&lt;br&gt;For girls: about the prevention of breast cancer&lt;br&gt;For boys: about the testicle cancer [17].</td>
<td></td>
</tr>
<tr>
<td>Gdańsk</td>
<td><strong>Health program in the area of prevention and early identification of civilisation diseases among children and young adults</strong> [18]&lt;br&gt;The 3rd grade of primary schools&lt;br&gt;The 4th grade of primary schools</td>
<td>Students of 6, 9 - 11 and 14 years old&lt;br&gt;Students of 6, 9 - 11 and 14 years old&lt;br&gt;Students of 6, 9 - 11 and 14 years old&lt;br&gt;Students of 6, 9 - 11 and 14 years old</td>
</tr>
<tr>
<td>Katowice</td>
<td><strong>The program of prevention and health promotion for the city of Katowice for the years 2014-2020</strong>&lt;br&gt;Preventive health care of students;&lt;br&gt;Early identification of diseases, abnormalities and health hazards for children of pre-adolescent age&lt;br&gt;The program of prevention of Human Papiloma Virus (HPV) infections in the city of Katowice for the period of 2014-2020;&lt;br&gt;Educational program about first aid [19].</td>
<td>The 3rd grade of primary schools&lt;br&gt;The 1st grade of secondary schools&lt;br&gt;The 4th grade of primary schools</td>
</tr>
<tr>
<td>Kielec</td>
<td><strong>The Program of Health Promotion and Preventive Health Care for the Province</strong> [20].</td>
<td></td>
</tr>
<tr>
<td>Kraków</td>
<td><strong>Healthy Kraków</strong>&lt;br&gt;Program of equalisation of the access to health care and education on the area of the city of Kraków</td>
<td></td>
</tr>
<tr>
<td>Lublin</td>
<td><strong>The Program of preventing overweight and obesity through promoting healthy life style and physical activities among children</strong>&lt;br&gt;The project of preventing social pathologies - educational program&lt;br&gt;The program of preventive health care of addictions to Internet and computer games for children and young adults in the age group of 10 - 19</td>
<td>Children of primary schools (classes 4 - 6&lt;br&gt;Children and young in the age group of 10 - 19&lt;br&gt;Children and young adults in the age group of 10-19</td>
</tr>
<tr>
<td>City</td>
<td>Program Description</td>
<td>Target Audience</td>
</tr>
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<td>-------------</td>
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</tr>
<tr>
<td>Lodz</td>
<td>The program of preventive healthcare of HIV infections for girls aged 11-12 and women aged 16-22 [22].</td>
<td>Children aged 11 - 13 and 14-17</td>
</tr>
<tr>
<td></td>
<td>The program of preventing depressive disorders for children and young adults</td>
<td>Children from the area of the Lodzkie province in the age group of 6-12</td>
</tr>
<tr>
<td>Poznan</td>
<td>The program of screening hearing tests for children of school age [23].</td>
<td>Young adults of upper-secondary schools</td>
</tr>
<tr>
<td>Olsztyn</td>
<td>The Program of the Health-Promotion and Prevention Activities for the Poznan district Lectures, workshops, competitions and other educational classes in the area of preventive health care, health promotion and health education [24].</td>
<td>4th and 5th class of primary schools</td>
</tr>
<tr>
<td></td>
<td>The strategy of social problems solving in the city of Olsztyn up to the year 2015 The program of prevention and therapy of faulty postures of children and young adults from Olsztyn</td>
<td>Students in the age group of 10 -17</td>
</tr>
<tr>
<td></td>
<td>The program of obesity reduction and promotion of healthy nutrition for children and young adults from Olsztyn</td>
<td>High schools students</td>
</tr>
<tr>
<td></td>
<td>The Preventive Health Care Program &quot;Różowa wstążka - rak piersi to nie wyrok... (A pink ribbon - breast cancer is not a sentence...)&quot;</td>
<td>Students of secondary and upper-secondary schools</td>
</tr>
<tr>
<td>Opolo</td>
<td>The program of preventive healthcare of HPV infections [26].</td>
<td>Girls born in 2002</td>
</tr>
<tr>
<td></td>
<td>1) attending schools in Opole</td>
<td>1) registered as Opole citizens and attending schools outside the city of Opole</td>
</tr>
<tr>
<td>Szczecin</td>
<td>The program &quot;Prostuj się nie wystarczy&quot; (It's not enough to say &quot;stand straight&quot;)</td>
<td>Program for children and young adults in the age group 6 - 18 with acquired fault postures</td>
</tr>
<tr>
<td>Warszawa</td>
<td>The Warsaw Program of Preventive Health Care and Health Promotion The risk assessment of cardiovascular diseases occurrence among children and young adults aged 18 - 19 The program of preventive health care in the area of improving oral cavity health The program of screening hearing tests for the students of 1st and 6th class of primary schools in the city of Warsaw Health program within the area of preventive healthcare and correction of fault postures Preventive health care program of early identification of vision defects and strabismus for children of 2nd class of primary schools on the area of the city of Warsaw The Health Promotion Program “Zdrowy Uczeń” (Healthy Student) [28]</td>
<td>Students aged 18 - 19</td>
</tr>
<tr>
<td></td>
<td>Students of 2nd year of primary schools</td>
<td>Students of 1st and 4th grade of primary school</td>
</tr>
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<td></td>
<td>Students of 4th grade of primary schools</td>
<td>Students of 2nd grade of primary schools</td>
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<tr>
<td></td>
<td>Students of primary schools, secondary schools and upper-secondary schools</td>
<td></td>
</tr>
<tr>
<td>Zielona Gora</td>
<td>Vaccinations against HPV virus [29]</td>
<td>Teenagers aged 11 - 12</td>
</tr>
</tbody>
</table>
V. HEALTH EDUCATION REALISED AT SCHOOLS BY INSTITUTIONS AND ORGANISATIONS

Schools have been the place of introducing various forms of health education by institutions and organisations since the 1960s. Presently, schools are offered numerous preventive health care programs prepared centrally or locally. Most often the programs are realised by The State Sanitary Inspection and Polish Scouting and Guarding Association.

The educational tasks of the State Sanitary Inspection health promotion department are based on the assumptions of the National Health Program, the guidelines of the World Health Organisation, as well as the epidemiological situation and the health needs of the citizens of a given province. The department of health promotion of the State Sanitary Inspection initiates, organizes, realizes, coordinates and supervises the educational-health activities, which aim at shaping appropriate health attitudes and behaviours of the society and developing the habits of self-health care. The programs are realised within the national, regional, and local scopes. One of the national programs is the program "Trzymaj Formę" (Keep your shape), which is directed to 5th and 6th grade students of primary schools and secondary school pupils, as well as their parents or legal guardians. The program aims at the shaping of permanent pro-health habits among young adults. Some of the programs are addressed to the students of upper-secondary schools, e.g. "Wybierz życie - pierwszy krok" (Choose Life - the first step). It is an educational program concerning the prevention of cervical cancer. Another program is "Zdrowe Piersi są OK!" (Healthy Breasts are OK!) [2,4]. Schools are where the Scouting Association activities mainly take place. The Scout Law states that a scout does not drink alcohol nor smoke cigarettes. Since 1996, a Scout Life Saving School is active, organising first aid trainings.

The list of organisations offering various educational programs to schools is gradually growing. The police, the fire service, academic institutions, various commercial companies using educational activities for product placement, agencies, and non-governmental organisations dealing with the prevention of the use of psychoactive substances could be enumerated. Many programs copy the same contents and we lack data about their quality, the evaluation of results and empirical proofs of their effectiveness. Schools are eager to use external educational programs instead of realizing an independent health education.

VI. SUMMARY

The first two decades of human life are characterized by dynamic development. The school period is not only when various dysfunctions appear or are identified, but also when health habits are shaped, which are later brought into adult life, determining an individual's health. Schools have a significant influence on the development of children and young adults and indirectly also parents. They have the possibility to influence almost the whole population of students between 6 and 18 years old. This is why presently there is a need of extending the participation of schools in pro-health activities. Health education has been evaluated as the most beneficial, long-term investment in the health of society, with its costs being incomparably lower than the costs of disease treatment. The effectiveness of health education is dependent on the fulfilling of many conditions, such as: taking into consideration all aspects of health, ensuring the continuity of the classes, as well as finding time and place for it in the school timetable. What is also important is creating the opportunities to practice pro-health behaviours and the cooperation with families and local communities.

The population in schooling age besides being guaranteed proper life conditions and education (including health education) should also be entitled to preventive health care. Preventive health care realised by a nurse of the teaching and education environment should be based not only on conducting screening tests but also on performing many other tasks listed in the legal regulations. The authors of a report prepared by the Sector of Health Care Supervision of the Department of Social Policy for the Podkarpackie province in Rzeszów, concerning preventive health care of children and young adults at school, point to the difficulties in the access to nurse care at schools in rural areas, resulting from including a number of schools in the scope of duties for one nurse. Health education as well as health care of children with health problems, chronic diseases, and disabilities are usually not realised at schools which are not equipped with a nurse's office. The authors of the report notice the growing inequalities in preventive health care between the students from the schools of rural and urban areas. The conducting of screening tests among students is mostly not dependent on the existence of a school nurse's office. Inequalities in the access to preventive health care are mostly noticed in the scope of preventive health care
realisation to the disadvantage of students from rural areas. To improve the situation, it seems to be necessary for local governments, as governing authorities of the schools, to show more engagement in the issue, as well as for the school nurses to get more involved in the realisation of preventive health care programs.

To sum up, it is the medical staff as well as school, students and their parents that should be actively involved in the students’ health care and health promotion. However, the authorities play an important role in this matter, as they are responsible for realising the process of providing health care between different provinces and the place of residence (rural and urban areas) should be also taken into consideration.

VI. REFERENCES

[10] Rozporządzenie Ministra zdrowia z dnia 28 sierpnia 2009r. w sprawie organizacji profilaktycznej opieki zdrowotnej dla dzieci i młodzieży (Dz. U. 2009 nr 139 poz. 1133).


