



ORIGINAL RESEARCH PAPER

MEDICAL CERTIFICATES FOR EXEMPTION FROM COMPULSORY STUDY COURSE “SPORTS” AT UNIVERSITY: PROBLEMS AND SOLUTIONS

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Abstract

The study course “Sport” at Riga Technical University (RTU) is a compulsory study course, which eliminates several obstacles that students face to be physically active. However, students often submit medical certificates with conclusions on sicknesses for the exemption from sports activities, although the promotion of physical activity of the population is an essential part of chronic disease treatment. In Latvia, problems related to medical certificates for the exemption from sports activities at school have been studied, but no research has been conducted on the reasons of exemptions from sports activities among students. The aim of the study: to evaluate the content of medical certificates for the exemption from “Sport” and the information provided by the doctor to the student and sports specialist on the necessary load frequency, duration and intensity of physical activity in the cases of most common diseases, as well as the attitude of students with irregular attendance of “Sport” towards sports activities at school. Methods: scientific information source analysis, document analysis (medical certificates), surveying, mathematical statistics. The study lasted for 5 years and involved 1249 students (730 men, 519 women, age 19.2±0.7). Results and conclusions: 50% of students have submitted medical certificates to a sports specialist with conclusions on sickness for exemption from “Sport”. In 34.8% of the cases the medical

certificates did not include a diagnosis. The content of medical certificates is inconsistent, it does not provide the student and sports specialist with information on the necessary load frequency, duration and intensity of physical activity in the cases of most common diseases.

Key words: *medical certificates for the exemption from study course “Sport”, students’ attitude towards sports activities*

Introduction

It has been scientifically proven that physical activity has a key role in maintaining good health, it is necessary for all people regardless of the age and the state of health, because it is an integral part of prevention and treatment of many diseases (Priedīte et al., 2014). Taking into consideration the reduced level of PA of the population in Latvia, the goal of the sports policy has been defined in the Sports Policy Guidelines for 2014 – 2020: To increase the proportion of the Latvian population that engage in physical or sports activities at least 1-2 times per week. Recommendations of a family doctor are an effective strategy for the promotion of physical activity in the society (Sørensen, Skovgaard & Puggaard, 2006).

The study course “Sport” at RTU (hereinafter referred to as “Sport”) is included in the A part of the compulsory subject program, which eliminates several obstacles that students face to be physically active, when starting studies at the university (*Studentu un jauniešu sportošanas paradumi*, 2012; Ābele, 2014). At RTU all first-year students have sports activities twice a week. One of the evaluation criteria is the participation in “Sport”. If the student has not attended sports activities due to objective reasons, a medical certificate on sickness, or another document, for example, on a business trip, participation in competition, events, etc. is submitted. Students often submit medical certificates with a conclusion on sickness with a request to excuse them from “Sport” for a long-term period.

By examining the existing information on the justification of medical certificates for the exemption from “Sport”, it can be concluded that it is discussed in the Latvian society as a serious problem, because the demand for medical certificates for the exemption from sports activities at school is high among students in Latvia, this problem is regularly reported in the media (*No sporta stundām atbrīvots*, 2006; *Uz sporta stundām ar prieku*, 2006; *Siguldas novada sporta un aktīvas atpūtas attīstības stratēģija*, 2012; Strazdiņa, 2012, Smirnova, 2016). The increase of medical certificates for the exemption from sports activities is reported by sports teachers, many of whom doubt that all exemptions are justified. Students show that medical certificates for the exemption from sports activities were searched for, if

there are no real health problems, medical certificates can be easily obtained (Kondratjuka, Līsmāne & Sauka, 2010; Smirnova, 2016). Doctors themselves admitted that in many cases the exemption from sports activities is not justified (Bērtule, 2013; Smirnova, 2016). The problem of exemptions from sports activities was brought up in a research conducted by the Latvian Academy of Sport Education (LASE) in 2008 (Rubana & Ābele, 2008). In 2013, this issue was highlighted by the members of the Sports Subcommittee of Saeima (Latvijas Republikas Saeima, 2013). However, the situation remains critical. In a sociological study carried out in 2014 on sports habits of the youth of Latvia, it was determined that 51% of students were exempted from activities due to sickness, injuries or disability and 7% were exempted from sports activities as such (Jauniešu sportošanas paradumi, 2014). In 2016, in the section "Issues" of the online site "YUONG LV" was noted that 46% of students received a medical certificate for exemption not to attend sports activities (Smirnova, 2016).

How justified are all the exemptions from sports activities? The situation is not that simple, as told by A. Fernāte, Professor of the Latvian Academy of Sport Education: "...If a child visits a family doctor and says that something hurts – how can the doctor say that no, nothing hurts?... However, how can the doctor discover a simulation? At the moment when the child has come to the doctor, the doctor assumes responsibility for the child. Also, if a parent says – my child is in pain, he/she does not feel good, when is the moment that the doctor can say that it is not so?... . It is a complex issue..." (Studente, 2016).

Attitude of students towards sports activities is characterized as non-attendance of the activities (Rubana & Ābele, 2008), in turn, evaluating student attendance of the compulsory sports activities, it shows their conscientious attitude towards physical activities (Tarnapolska & Bondars, 2015). However, only 50% of students in Latvia have a positive attitude towards compulsory sports activities at the university (Koroļova, 2010, Šišlova & Fernāte, 2015). When describing the essence of the attitude, in social psychology and pedagogy it is noted that attitude is opinions and beliefs that are related to experienced emotions and it is formed in operational life experience and through knowledge acquisition (Karimi, 1998; Myers, 2000, 2004; Ghanji, 2001; Špona, 2004).

The negative attitude of students towards sports is often the reason for demanding the doctor an exemption from sports activities, because very often family doctors support non-attendance of sports activities (Kondratjuka, Līsmāne & Sauka, 2010), although promotion of physical activity of the population is one of the most important tasks of primary disease prevention and is essential for the treatment of chronic diseases. Family doctors, when advising their patients, should convince them about the need to lead an active lifestyle, to increase physical activity, which would provide a

significant improvement to their health. In 2014, a book was published on prescribing a physical activity prescription in a family doctor practice (Priedīte et al., 2014), which is an important contribution in the field of disease prevention. Research on the spread of medical certificates and informativity of the content for students for the exemption from sports activities in Latvia has not been performed.

The aim of the study is to evaluate the content of medical certificates for the exemption from “Sport” at the university and the information provided by the doctor to the student and sports specialist on the necessary load frequency, duration and intensity of physical activity in the cases of most common diseases, as well as the attitude of students with irregular attendance of sports activities towards sports activities at school.

Material and methods

The research lasted for 5 years and involved 1249 RTU first-year students (730 men, 519 women, aged from 18 to 25 years 19.2 ± 0.7), who selected swimming, as swimming is selected every year by 22 – 25% of the students registered for sports activities. RTU students are provided with sports activities in various sports.

A quantitative (frequency) (Mayring, 2014) and qualitative (Bengtsson, 2016) document (medical certificate) content analysis was carried out to evaluate the content of medical certificates for the exemption from “Sport” at the University and the information provided by the doctor to the student and sports specialist on the necessary load frequency, duration and intensity of physical activity in the cases of most common diseases. Medical certificates include information on the illness and recommendations for the work regime, including information on the exemption from sports activities. The sequence of the quantitative and qualitative content analysis process of the documents (medical certificates) given to the students is reflected in Figure 1.

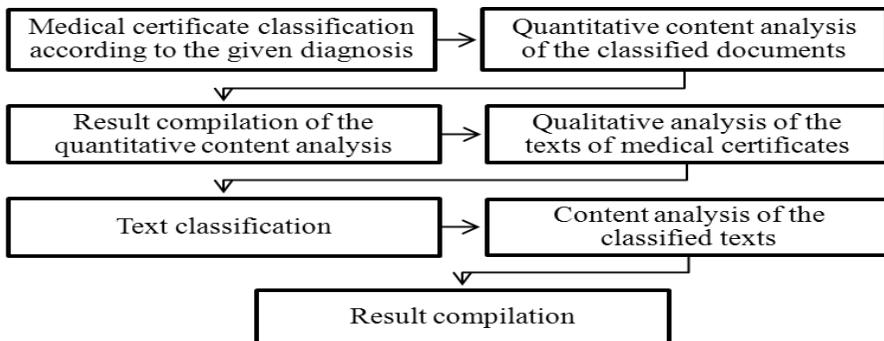


Figure 1. The sequence of the quantitative and qualitative content analysis of documents (medical certificates)

A survey was carried out to determine the attitude of students with irregular attendance of “Sport” towards sports activities at school. In the survey participated 170 RTU students (aged from 18 to 31 years (20.6 ± 2.8)), who had a relatively large number of non-attended sports activities. The survey was carried out in April and May of the 2014/2015 academic year, it included 3 questions:

1. Did you have an exemption from sports activities for the study year at school?
2. Did you have an exemption from “Sport” for the study year at university?
3. Please evaluate your attitude towards sports activities in primary school, secondary school and high school according to the 5-point scale: 1 – very negative, 2 – negative, 3 – neutral, 4 – positive, 5 – very positive.

The following methods of mathematical statistics were used: descriptive statistics (the mean, standard deviation, frequencies, percentage) and Student’s t-test.

Results

In total, during five years the students submitted 979 medical certificates for exemptions from “Sport” due to an illness. There were students who had submitted medical certificates several times during the study year: mostly 2 certificates, but there are cases when the student submitted 4 – 7 medical certificates during a study year. Consequently, in the five-year period 627 from 1249 students submitted medical certificates (342 men and 285 women), or 50% of the students. During a study year 48% of male students and 56% of female students were sick. The student non-attendance of sports activities according to the number of illnesses during a study year was: 64% - once, 23% - twice, 7% - three times and 6% - four and more times.

Different diagnoses were given in the medical certificates. The descriptions of the illness in medical certificates can be divided into three groups: 1) acute respiratory viral illness, 2) other cases of illness, 3) entries without a diagnosis. In the first group 438 diagnosis (45%) were observed, which were marked with the code “J” in the International Classification of Diseases (I C D - 1 0). Most common diagnosis is “Acute respiratory viral infection (ARVI)”, as well as otitis.

In the second group 200 cases (20%) of different illnesses were observed, which are far less common than those in the first group: various aches in joints, spondylosis with a pain syndrome, cephalgia, eye surgery, fractures, ligament sprains and tears, concussion, undetermined viral infection and flu, fungus, furuncle, conjunctivitis, dental inflammation,

rotavirus, congenital pathologies, heart disease, tumours, ingrown nail, myopathy, gastro-duodenitis, intestinal disorders, arthritis, urinary tract infections, and allergic dermatitis.

The third group included exemptions from “Sport” without a diagnosis (9%) and exemptions from sports activities with an entry “Illness” (26%). Most common are medical certificates with the entry „Illness”, which do not provide any information to the student and sport specialist on the necessary load frequency, duration and intensity of physical activity in the cases of the relevant diseases. Consequently, in 35% of the cases of student illnesses the justification of the exemption is debatable. Especially worrying are the cases in which the exemptions from sports activities lasts for a month or longer, considering that the promotion of physical activity of the population is an essential part of chronic disease treatment.

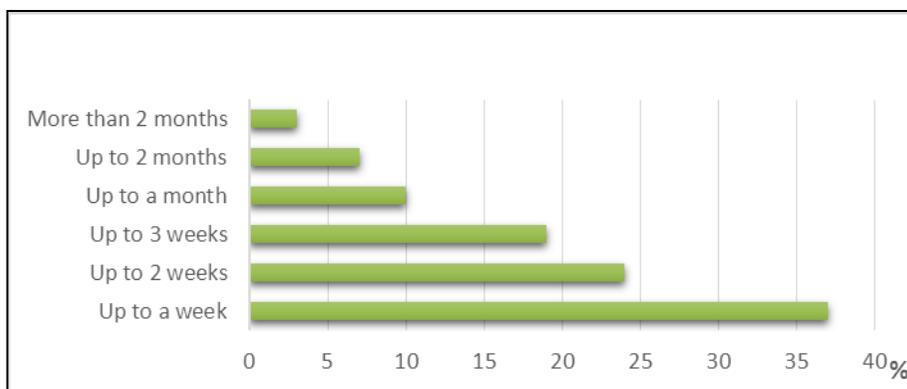


Figure 2. Duration of student illnesses and exemption from “Sport” (n=979)

All exemptions are issued for a fixed period. Two periods were indicated in the medical certificates: the time of illness, which in 90% of the cases lasts up to a week, and the time of exemption from sports activities, having various durations. Total time of illness and exemption from “Sport” was also analysed. Illnesses and exemptions from “Sport” due to an illness last from a few days up to six months (Fig. 2).

Exemptions from sport for more than a month made up 10% of all medical certificates submitted by the students. Figure 3 shows the number of most common diagnosis found for students as a percentage against the number of medical certificates in each period. The number of entry “Illness” dominates in all periods for the exemption from sports activities and practically does not decrease. The number of exemptions from “Sport” without a set diagnosis is the smallest of diagnosis during the period “Up to 2 weeks”, it increases in the period “Up to a month” and is the third most common, reaching a peak in the period “More than 2 months”.

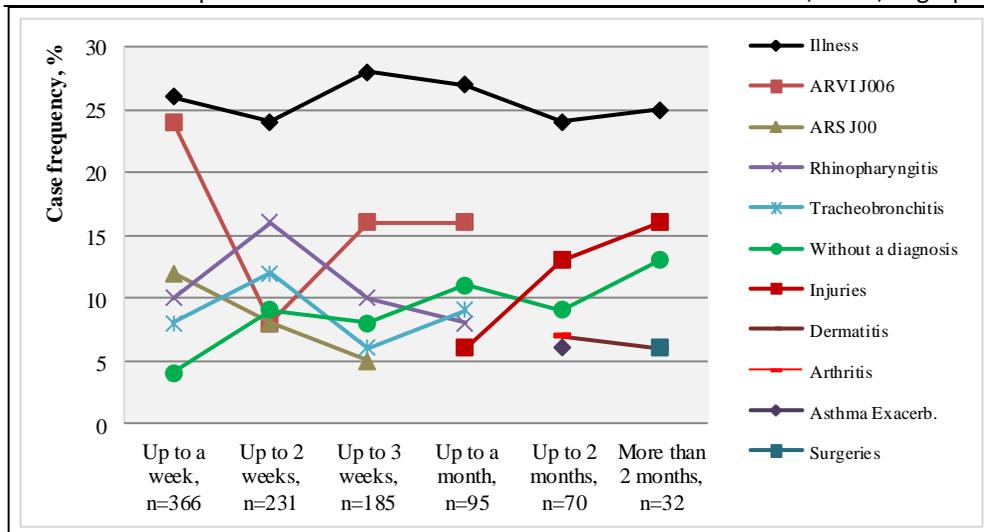


Figure 3. Number of most common diagnosis found for students during the exemption from the study course “Sport”, %

Results of the quantitative content analysis show that in 9% of the cases the medical certificates issued to the students for the exemption from “Sport” do not have a set diagnosis. Exemptions without a set diagnosis are issued for different time periods, ranging from a few days up to five months: up to a week: 33 cases, up to two weeks: 22 cases, up to three weeks: 15 cases, up to two months: 10 cases and more than two months: 6 cases.

It could be considered that the exemption from “Sport” up to two weeks is most commonly recommended to the student in cases of an acute respiratory viral infection, if the doctor has not indicated a diagnosis of an illness. However, if the doctor recommends an exemption from sports activities for three weeks and more, it has to be justified, as well as the doctor has to provide information to the student and sport specialist on the necessary load frequency, duration and intensity of physical activity in the cases of most common diseases, which would contribute to the improvement of students’ health.

The qualitative content analysis of medical certificates shows that a negative attitude towards sports activities may be the reason to ask the doctor an exemption from “Sport” and there are cases when family doctors support non-attendance of sports activities. Of all medical certificates (n=979) issued to students, such cases make up 3%. 31 cases or 36% of all issued medical certificates without a set diagnosis for the exemption from “Sport” (n=86) can be interpreted as unwillingness of the students to attend sports activities. As the most characteristic example of such cases are two medical certificates issued to students, where instead of a set diagnosis is written “*Cannot go in water*” and, thus, an exemption from pool is

recommended for up to 2 months, and where instead of a set diagnosis is written “*Cannot swim in pool*” and, thus, an exemption from activities in the pool is recommended for up to 5 months. When evaluating the medical certificates with the diagnosis „Cannot swim in pool” and the activity attendance of the student, it can be observed that in April this student attended 4 activities and one in May, while the exemption has been issued from April 1. The question is open, what is the justification for this exemption? Students who cannot swim (allergies, dermatitis, frequent colds, or another reason) may move to other sports, students are provided with the information on such a possibility at the beginning of the study year. Students also have the opportunity to choose physical activities with a reduced load, attending therapeutic exercise activities. Attention should be paid to the fact that in swimming students carry out tasks in the amount and intensity appropriate for them. Graduation of the load increase for students is strictly complied with. To increase of student motivation have been developed control assignments, so that each and every student could assess the dynamics of personal growth. The personal growth of students is not compared with others. After illnesses students are offered an eased physical activity program.

Next, the medical certificates will be evaluated, in which doctors instead of a diagnosis write “Illness”, or “General illness”, or “Somatic illness”, or “Disease”, without stating the disease code according to the International Classification of Diseases. The number of these medical certificates issued to the students is 26% of all occurring diagnosis (n=979). An exemption from “Sport” due to this diagnosis is prescribed for a period of a few days up to 6 months: up to a week – 97 cases, up to two weeks – 55 cases, up to three weeks – 52 cases, up to one month – 50 cases.

Also in the cases of the diagnosis „Illness”, when the doctor recommends an exemption from sports activities for a month and more, the question about the justification of this recommendation very often is debatable. The qualitative content analysis of medical certificates with the diagnosis „Illness” shows that in 50 or 20% of the cases the negative students attitude towards sports activities may be the reason for asking the doctor an exemption from “Sport” and there are cases when family doctors support the non-attendance of sports activities. Of all medical certificates (n=979) issued to the students such cases make up 4%. Some students are issued medical certificates with the diagnosis “Illness” 3 – 4 times during the semester, allowing them not to attend sports activities for the whole semester: „*Exempt from sport 11.09. – 16.09.*”; „*Was sick 25.–29.09. Exempt from sport 17.09. – 06.10.*”; *Exempt from sport 17.10.2014. – 14.11.2014.*” – only 6 activities remained till the end of the semester. Attention should be drawn to the dating of the certificate; its discrepancies can be found in teachers’ practice as well (Smirnova, 2016).

One student submitted 7 medical certificates during the study year, which recommended her not to attend “Sport” for the whole study year: *1st semester (activities start with September 17): „26.09. Indigestion”; “03.10. – 05.10. Illness”; “08.10. – 19.10. Illness”; „16.10. – 23.11. Illness”; „07.12. Illness”; 2nd semester (starts in February): „07.02.- 08.02. was sick”, Exempt from sport 06.-15.02.”* At the end of the academic year the student submitted a medical certificate for the exemption from “Sport” till the end of the academic year due to an allergic reaction to chlorine, which was issue on January 2. The certificate was submitted in May, the month when a pass must be received in the study course “Sport”. Similar cases also occur; if there are set diagnosis and medical certificates create a chain of the cases of illnesses. In the previously mentioned cases in particular the family doctor should prescribe a physical activity prescription, informing the sport specialist on the activity type and load dosage to strengthen the health of the student (Priedīte et al., 2014).

At the beginning of the study year, when starting the sports activities, the student should submit a medical certificate on the state of health, where doctors indicate chronic diseases, if any. Students being sick with chronic diseases are reported by 175 medical certificates or 14% of the 1249 analysed medical certificates on the state of health of the students, which were submitted at the beginning of the study year. Most of the students with chronic diseases have musculoskeletal diseases (45%), including various stance disorders – 73%, state after a trauma – in 20%, in 6% – arthritis (n=79). 8% of the students have myopia, the nerve system diseases and internal organ diseases, but 5% have congenital pathologies and 4% have ear, nose and throat diseases. Of asthma patients (n=39, 22%), several have a moderately severe bronchial asthma. In all cases the students are allowed to participate in “Sport”, especially in swimming. In some cases, there are load limitations. The evaluation of activity attendance tracking shows that students with chronic diseases regularly attend “Sport” (Fig. 4).

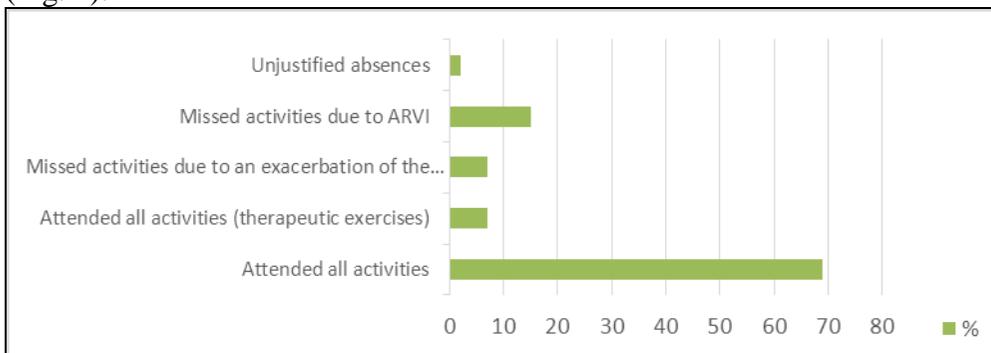


Figure 4. “Sport” attendance of students with chronic diseases (specifies, when attends, and when not) (% , n=175)

69% of students attended all activities, 7% of students moved to therapeutic exercises, the activities of which they attended without absences. 15% of students suffered from acute respiratory viral infection diseases, but only in 7% of the cases an exacerbation of chronic diseases of up to 2 weeks was observed. Only 2% of students have been absent from “Sport” without a justification.

However, in the medical certificates submitted by the students on an exacerbation of a chronic disease, in the section on the state of health of the student, it is stated that the student is practically healthy and can engage in sports. There is no entry on chronic diseases in the certificate. For example, diagnosis bronchial asthma was found in 39 students or 3% of the whole sample. Of these, an exacerbation of bronchial asthma was found in only six students (15%). For these six students, the doctor recommended an exemption from “Sport” due to an exacerbation of asthma, but the initial medical certificates show that they are healthy and the diagnosis “Bronchial asthma” was not stated in them. Consequently, in six cases, there is no certainty that the students have bronchial asthma, because this chronic disease was not indicated in the medical certificates issued at the beginning of the study year on the state of health of the student. It should be noted that only in one medical certificate it was noted that the exacerbation of bronchial asthma was caused by a viral infection.

A similar situation is also characteristic in the arthritis case. From the 13 exemption cases from “Sport” due to arthritis, the diagnosis “Arthritis” was indicated only in 5 medical certificates on the state of health of the student. Only in 2 cases the exemption from “Sport” of up to 2 weeks was issued to an acute state, when it is forbidden to engage in physical activities.

Even if the student was issued a medical certificate on exemption from “Sport” for a longer period of time without a precise diagnosis, in some certificates, the date is corrected to extend the exemption period. Cases of date correction occur 10 times out of 979 submitted medical certificates. In one medical certificate, it has been done twice. Consequently, 9 students had a corrected date set for the exemption duration in the issued certificates to extend the justification for non-attendance of the activities.

Sometimes the medical certificate contains a questionable indication on the student’s illness, because the medical certificate contains set illness dates, which exactly coincide with the dates of non-attended activities, for example: *“Was sick on 21. 23. and 28.10., 2013. Exempt from sport and swimming on these dates”*. Is it genuine, if one is sick on the 21st, 23rd and 28th, but is not sick on the 22nd, 24th, 25th, 26th, 27th? Sometimes students tell the sport specialist: “When was I absent? Name the dates. I will have a certificate.” Results of the content analysis of medical certificates on

exemption from “Sport” with a contradicting content are summarized in Table 1.

Table 1

Medical Certificates with a Contradicting Content for the Exemption from “Sport”

	Nr. of students
Exacerbation of chronic diseases, if it is not mentioned in the certificate on the state of health of the student	14
Date extension (correction)	9
Certificates without a disease diagnosis, duration of up to 3 weeks and more	31
Diagnosis “Illness”, duration of up to one month and more	50
Several certificates in a row, allowing not to attend activities for a long-term	16
Certificates with certain illness days, in the middle of which there are illness pauses	7
Total	126
Out of 979	13 %

Consequently, in 13% of the cases when students were issued medical certificates for exemption from “Sport” at the university due to an illness, suspicions arise regarding students’ unwillingness to participate in the compulsory sports activities at the university. Overall, the results of the content analysis show that asking doctors for exemptions from “Sport” is also found among students, because to them the sports activities are compulsory. Is the demand to the doctor for a medical certificate in order to be exempted from “Sport” at the university a common habit that has been continuing since school?

Attitude of Students with Irregular Attendance of “Sport” towards Sports Activities at School

As a result of the surveying, it was determined that in the 2014/2015 study year out of the 170 surveyed RTU students 19% – 33 people were exempted from sports activities at school. At the same time 11% of the students - 18 people, noted that doctors recommended an exemption from “Sport” for the whole academic year during studies at the university and out of them 10 people or 56% were also exempted from sports activities at school starting from a semester and up to two study years. Survey results of students evaluating their attitude towards sports activities at school, where 1 point very negative, but 5 points very positive, were as follows: in elementary school – 4.16 ± 0.09 points; in primary school – 3.78 ± 0.09 points; in secondary school - 3.71 ± 0.10 points.

It was concluded that the attitude of students towards sports activities at school has deteriorated over time. The attitude evaluation differences are statistically significant in both the period elementary school – primary school, because $t=5.00$ ($t > t_{0,05;170} = 1.96$), and the period elementary school – secondary school, because $t = 3.75$ ($t > t_{0,05;170} = 1.96$). The attitude evaluation difference in the period primary school – secondary school is not statistically significant,

because $t=0.59$ ($t < t_{0,05;170} = 1.96$), which means that the attitude in primary school and secondary school is similar and it does not significantly differ and is below the attitude evaluation in elementary school.

Overall, negative attitude towards sports activities in at least one period of school was found for 51 students or 30%. Of these, 41% were exempted from sports activities at school for up to 2 years, but 16% have an exemption from “Sport” at the university for the study year.

Discussion

From previous research it is known that 51% of students were absent from activities due to an illness, injury or disability (*Latvijas jauniešu sportošanas paradumi*, 2014), but this study showed ($n=1249$) that 50% of students were absent from “Sport” and submitted medical certificates on illnesses. In order not to attend sports activities, 46% of students received an exemption (Smirnova, 2016), but this research showed that in 13% of cases, when students are issued medical certificates for an exemption from “Sport” at the university due to an illness, suspicions arise on the students’ unwillingness to participate in the compulsory sports activities at the university.

Study showed that 35% of medical certificates do not indicate a set illness diagnosis ($n=979$), which makes it difficult for sport specialists to involve students in appropriate physical activities. In 2012, in the research carried out in Kuldīga on exemptions from sports activities, was found that 48% of teachers are not informed about the diagnosis (Strazdiņa, 2012). In order to carry out the disease statistics as accurately as possible (WHO, 2011), it was decided to write a full entry of the disease diagnosis, using the code from the International Classification of Diseases (ICD-10). However, teachers do not understand these codes, which interfere with the sport teacher’s efforts to engage students with health disorders in physical activities, even if they are ready to do it (Kondratjuka, Līsmāne & Sauka, 2010; Strazdiņa, 2012).

This study revealed that 14% of students were found to have chronic diseases ($n=1249$). 45% of the cases are musculoskeletal diseases, 26% - bronchial asthma ($n=175$). Among the RTU students who engage in therapeutic exercises, musculoskeletal diseases occur in 60% of cases (Tarnapolska & Bonders, 2015).

During the research, it was found that in medical certificates in 10% of the cases exemptions from “Sport” were recommended for up to two months and more. Among them dominate the medical certificates with the entry in the disease diagnosis “Illness”, as well as those without an indication on the disease diagnosis. Many teachers believe that in several cases the exemptions from sports activities are not justified. This was

Acknowledged both by the doctors themselves and by the students (Strazdiņa, 2012; Bērtule, 2013; Smirnova, 2016). Medical certificates without a set disease diagnosis can be interpreted differently. How to interpret an entry “Cannot swim”, “Cannot swim in the pool” in the disease diagnosis? These are questionable entries, which are often encountered at school by sports teachers, for example, exemptions from running long distances. Such entries give the impression that the doctor writes in the certificate the information that is asked of him/her by the student (Smirnova, 2016).

Medical certificates contain conflicting information on exemption recommendation in the cases of chronic disease exacerbation, when before that at the beginning of the study year the chronic disease was not indicated in the certificate on the state of health of the student. Such exacerbations are more common in medical certificates with disease diagnosis “Bronchial asthma” and “Arthritis”. In several cases these exemptions last for a month and more.

Long-term exemptions from physical activities in cases of asthma and arthritis are contrary to the recommendations of sports doctors. Asthma patients have to improve their physical fitness, because quite often it is insufficient (Priedīte et al., 2014). However, doctors often exempt from the sports activities, indicating that physical load promotes asthma exacerbations. In the case of arthritis, it was noted that “Physical activity is an integral part of treatment for patients with osteoarthritis...” (Priedīte et al., 2014, p. 20). However, doctors sometimes exempt from sports activities due to arthritis for up to 2 months.

It was found that the attitude of students towards sports activities at school deteriorated over time. It is a general trend in research on attitude towards sport education and physical activities – growing older, the attitude of students towards sports activities deteriorates (Subramaniam & Silverman, 2007). 19% of the surveyed students (N = 170) were exempted from sports activities at school, in 30% of the cases was determined the negative attitude of students towards sports activities at school, of which 16% of students took out an exemption from “Sport” at the university, which indicated that the request for a medical certificate for an exemption from “Sport” at the university is a consequence of such an action during school. It is known that by promoting positive attitude towards sport education and physical activities, it is possible to seriously affect health in the long term (Subramaniam & Silverman, 2007). Teens with the best attitude towards physical activities 5 – 10 years later have a weekly activity higher by 30-40% than those with a negative attitude (Graham, Sirard & Neumark-Sztainer, 2011). Family doctors, when consulting their patients that are students, should try to convince them about the need to lead a healthy lifestyle, increase physical activities, which would make a significant improvement to their health, rather than support the non-attendance of

sports activities. As well as in medical certificates and also as a means of communication with the cooperation partner - sport specialist in physical activity promotion, it would be necessary to indicate the provided information, so that it would be possible to organize physical activities in accordance with the state of student health.

Our results are encouraging and should be validated in a large cohort of students and pupils. Future research should focus on the efficacy of family doctors, students, pupils and the promotion sports specialist communication to increase physical activity.

Conclusions

As a result of the quantitative content analysis of medical certificates (n=979) on student exemption from the study course “Sport”, it was found that the content of medical certificates included: among the diagnosis indicated by doctors, the most common entry was “Illness” - 254 times (26%), but 86 medical certificates did not contain a diagnosis (9%). 87% of the students were sick 1 – 2 times, but 13% of students: 3 and more times during a study year.

In 35% of the cases the medical certificates did not provide any information to the student and sport specialist about the necessary load frequency, duration and intensity of physical activity in the cases of specific diseases.

The research results show that 13% of students tried to avoid participation in sports activities, asking the doctor for a certificate for an exemption from them, consequently, this problem is topical not only in school, but also at university, and it is related to the negative attitude towards sports activities at school. Overall, negative attitude towards sports activities in at least one period of school was determined for 51 students or 30%. The research should be continued to determine the reasons for the negative attitude of the students towards sports activities.

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