

FCC NOTICE AND SAR STATEMENT

This device complies with part 15 of the FCC Rules. Operation is subject to the following two conditions: (1) This device may not cause harmful interference, and (2) this device must accept any interference received, including interference that may cause undesired operation. Any changes or modifications not expressly approved by Wherify Wireless, Inc.. will void the user's authority to operate the equipment. Use only Wherify approved chargers.

Note: This equipment has been tested and found to comply with the limits for a Class B digital device, pursuant to part 15 of the FCC Rules. These limits are designed to provide reasonable protection against harmful interference in a residential installation. This equipment generates, uses and can radiate radio frequency energy and if not installed and used in accordance with the instructions, may cause harmful interference to radio communications. However, there is no guarantee that interference will not occur in a particular installation. If this equipment does cause harmful interference to radio or television reception, which can be determined by turning the equipment off and on, the user is encouraged to try to correct the interference by one or more of the following measures:

- Reorient or relocate the receiving antenna.
- Increase the separation between the equipment and receiver.
- Connect the equipment into an outlet on a circuit different from that to which the receiver is connected.
- Consult the dealer or an experienced radio/TV technician for help.

THIS PHONE MODEL HAS BEEN CERTIFIED TO BE IN COMPLIANCE WITH THE GOVERNMENT'S REQUIREMENTS FOR EXPOSURE TO RADIO WAVES.

Before a phone model is available to sale to the public, it must be tested and certified that it does not exceed government limits for exposure to radio frequency (RF) energy. Specific Absorption Rate (SAR) is a value that corresponds to the relative amount of RF energy absorbed by the user of a wireless phone. The Federal Communications Commission of the United States government and Health Canada set SAR limits. The limits include a safety margin designed to assure the safety of all persons, regardless of age and health. The maximum allowed SAR value set by the FCC is 1.6 W/kg. Tests for SAR values are conducted using FCC approved operating positions at the highest possible power levels. Although the SAR is determined at the highest certified power level, the actual SAR level of the phone while operating is likely well below the maximum value.

The highest SAR values as reported to the FCC for this model phone are in full compliance with FCC limits. This SAR compliance is limited to the specific accessories shipped with this phone. For body worn operation this device was

tested with 15mm separation to the body. Third party belt-clips, holsters, and similar accessories containing metallic components should not be used. For more information about RF exposure, visit the FCC website at www.fcc.gov. Additional information on Specific Absorption Rates (SAR) can be found on the Cellular Telecommunications & Internet Association (CTIA) website: http://www.ctia.org/wireless_consumers/health_and_safety/index.cfm or the Canadian Wireless Telecommunications Association (CWTA) website: <http://www.cwta.ca>

U.S. FOOD AND DRUG ADMINISTRATION CONSUMER UPDATE ON MOBILE PHONES

Do wireless phones pose a health hazard?

The available scientific evidence does not show that any health problems are associated with using wireless phones. There is no proof, however, that wireless phones are absolutely safe. Wireless phones emit low levels of radiofrequency energy (RF) in the microwave range while being used. They also emit very low levels of RF when in the stand-by mode. Whereas high levels of RF can produce health effects (by heating tissue), exposure to low level RF that does not produce heating effects causes no known adverse health effects. Many studies of low level RF exposures have not found any biological effects. Some studies have suggested that some biological effects may occur, but such findings have not been confirmed by additional research. In some cases, other researchers have had difficulty in reproducing those studies, or in determining the reasons for inconsistent results.

What is the FDA's role concerning the safety of wireless phones?

Under the law, FDA does not review the safety of radiation-emitting consumer products such as wireless phones before they can be sold, as it does with new drugs or medical devices. However, the agency has authority to take action if wireless phones are shown to emit radiofrequency energy (RF) at a level that is hazardous to the user. In such a case, FDA could require the manufacturers of wireless phones to notify users of the health hazard and to repair, replace or recall the phones so that the hazard no longer exists. Although the existing scientific data do not justify FDA regulatory actions, FDA has urged the wireless phone industry to take a number of steps, including the following:

- Support needed research into possible biological effects of RF of the type emitted by wireless phones;
- Design wireless phones in a way that minimizes any RF exposure to the user that is not necessary for device function; and
- Cooperate in providing users of wireless phones with the best possible information on possible effects of wireless phone use on human health.

FDA belongs to an interagency working group of the federal agencies that have responsibility for different aspects of RF safety to ensure coordinated efforts at the federal level. The following agencies belong to this working group:

- National Institute for Occupational Safety and Health

- Environmental Protection Agency
- Federal Communications Commission
- Occupational Safety and Health Administration
- National Telecommunications and Information Administration

The National Institutes of Health participates in some interagency working group activities, as well. FDA shares regulatory responsibilities for wireless phones with the Federal Communications Commission (FCC). All phones that are sold in the United States must comply with FCC safety guidelines that limit RF exposure. FCC relies on FDA and other health agencies for safety questions about wireless phones. FCC also regulates the base stations that the wireless phone networks rely upon. While these base stations operate at higher power than do the wireless phones themselves, the RF exposures that people get from these base stations are typically thousands of times lower than those they can get from wireless phones. Base stations are thus not the primary subject of the safety questions discussed in this document.

What kinds of phones are the subject of this update?

The term wireless phone refers here to hand-held wireless phones with built-in antennas, often called cell, mobile, or PCS phones. These types of wireless phones can expose the user to measurable radiofrequency energy (RF) because of the short distance between the phone and the user's head. These RF exposures are limited by Federal Communications Commission safety guidelines that were developed with the advice of FDA and other federal health and safety agencies. When the phone is located at greater distances from the user, the exposure to RF is drastically lower because a person's RF exposure decreases rapidly with increasing distance from the source. The so-called cordless phones, which have a base unit connected to the telephone wiring in a house, typically operate at far lower power levels, and thus produce RF exposures well within the FCC's compliance limits.

What are the results of the research done already?

The research done thus far has produced conflicting results, and many studies have suffered from flaws in their research methods. Animal experiments investigating the effects of radiofrequency energy (RF) exposures characteristic of wireless phones have yielded conflicting results that often cannot be repeated in other laboratories. A few animal studies, however, have suggested that low levels of RF could accelerate the development of cancer in laboratory animals. However, many of the studies that showed increased tumor development used animals that had been genetically engineered or treated with cancer-causing chemicals so as to be pre-disposed to develop cancer in the absence of RF exposure. Other studies exposed the animals to RF for up to 22 hours per day. These conditions are not similar to the conditions under which people use wireless phones, so we don't know with certainty what the results of such studies mean for human health. Three large epidemiology studies have been published since December 2000. Between them, the studies investigated any possible

association between the use of wireless phones and primary brain cancer, glioma, meningioma, or acoustic neuroma, tumors of the brain or salivary gland, leukemia, or other cancers. None of the studies demonstrated the existence of any harmful health effects from wireless phone RF exposures. However, none of the studies can answer questions about long-term exposures, since the average period of phone use in these studies was around three years.

What research is needed to decide whether RF exposure from wireless phones poses a health risk?

A combination of laboratory studies and epidemiological studies of people actually using wireless phones would provide some of the data that are needed. Lifetime animal exposure studies could be completed in a few years. However, very large numbers of animals would be needed to provide reliable proof of a cancer promoting effect if one exists. Epidemiological studies can provide data that is directly applicable to human populations, but 10 or more years' follow-up may be needed to provide answers about some health effects, such as cancer. This is because the interval between the time of exposure to a cancer-causing agent and the time tumors develop - if they do - may be many, many years. The interpretation of epidemiological studies is hampered by difficulties in measuring actual RF exposure during day-to-day use of wireless phones. Many factors affect this measurement, such as the angle at which the phone is held, or which model of phone is used.

What steps can I take to reduce my exposure to radiofrequency energy from my wireless phone?

If there is a risk from these products--and at this point we do not know that there is—it is probably very small. But if you are concerned about avoiding even potential risks, you can take a few simple steps to minimize your exposure to radiofrequency energy (RF). Since time is a key factor in how much exposure a person receives, reducing the amount of time spent using a wireless phone will reduce RF exposure. If you must conduct extended conversations by wireless phone every day, you could place more distance between your body and the source of the RF, since the exposure level drops off dramatically with distance. For example, you could use a headset and carry the wireless phone away from your body or use a wireless phone connected to a remote antenna. Again, the scientific data do not demonstrate that wireless phones are harmful. But if you are concerned about the RF exposure from these products, you can use measures like those described above to reduce your RF exposure from wireless phone use.

What about children using wireless phones?

The scientific evidence does not show a danger to users of wireless phones, including children and teenagers. If you want to take steps to lower exposure to radiofrequency energy (RF), the measures described above would apply to children and teenagers using wireless phones. Reducing the time of wireless phone use and increasing the distance between the user and the RF source will

reduce RF exposure. Some groups sponsored by other national governments have advised that children be discouraged from using wireless phones at all. For example, the government in the United Kingdom distributed leaflets containing such a recommendation in December 2000. They noted that no evidence exists that using a wireless phone causes brain tumors or other ill effects. Their recommendation to limit wireless phone use by children was strictly precautionary; it was not based on scientific evidence that any health hazard exists.

What about wireless phone interference with medical equipment?

Radiofrequency energy (RF) from wireless phones can interact with some electronic devices. For this reason, FDA helped develop a detailed test method to measure electromagnetic interference (EMI) of implanted cardiac pacemakers and defibrillators from wireless telephones. This test method is now part of a standard sponsored by the Association for the Advancement of Medical instrumentation (AAMI). The final draft, a joint effort by FDA, medical device manufacturers, and many other groups, was completed in late 2000. This standard will allow manufacturers to ensure that cardiac pacemakers and defibrillators are safe from wireless phone EMI. FDA has tested hearing aids for interference from handheld wireless phones and helped develop a voluntary standard sponsored by the Institute of Electrical and Electronic Engineers (IEEE). This standard specifies test methods and performance requirements for hearing aids and wireless phones so that no interference occurs when a person uses a "compatible" phone and a "compatible" hearing aid at the same time. This standard was approved by the IEEE in 2000. FDA continues to monitor the use of wireless phones for possible interactions with other medical devices. Should harmful interference be found to occur, FDA will conduct testing to assess the interference and work to resolve the problem.

Where can I find additional information?

For additional information, please refer to the following websites:

Federal Communications Commission (FCC) RF Safety Program
<http://www.fcc.gov/oet/rfsafety>

U.S. Food and Drug Administration (FDA) Center for Devices and Radiological Health
<http://www.fda.gov/cdrh/consumer>

Cellular Telecommunications Industry Association
<http://www.wow-com.com>

National Radiological Protection Board (U.K.)
<http://www.nrpb.org.uk>

World Health Organization (WHO) International EMF Project
<http://www.who.int/emf>