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|     | A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | B    | C       | D         | E    | F         | G            | H   |             |         |
| 1   | <div>andon</div> <div>⊗ 尺寸序号</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      |         |           |      |           |              |     |             |         |
| 2   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |      |         |           |      |           |              |     |             |         |
| 3   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |      |         |           |      |           |              |     |             |         |
| 4   | <div>Front</div> <div><div><div><div>QUICK<br/>START<br/>GUIDE</div><div>iHealth Flow Activity Tracker</div></div><div><div>ACTIVATION</div><div><div>1</div><div>Please plug the charger into a standard USB port (5W, 1A) and attach the iHealth Flow Activity Tracker with the charging clip.</div></div><div><div>2</div><div>iHealth Flow Activity Tracker comes fully charged. Charging it will activate the Watch. Your iHealth Flow Activity Tracker screen will light up when it is ready for setup.</div></div><div></div></div><div><div>SETUP</div><div><div>1</div><div>Scan the QR code to install the Free "iHealth MyVitals" App.</div><div></div><div>Or download directly from the Apple App Store or Google Play.</div><div> </div></div><div><div>2</div><div>Sign up or login to your iHealth account. Please make sure that the Bluetooth is turned on for the iHealth MyVitals app.</div><div><div>1</div><div></div><div></div></div><div>Click on Add New Device and select iHealth Flow from the list.</div></div><div><div>3</div><div></div><div><div>Scan QR code</div><div></div></div><div>Scan the QR code on the screen, or you can click the Manual pair to select your device ID and start pairing.</div></div><div><div>4</div><div></div><div></div><div>Wait for "Success" to appear on your iHealth Flow Activity Tracker. When it displays a clock, the setup process is complete. Enjoy your iHealth Flow.</div></div></div></div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      |         |           |      |           |              |     |             |         |
| 5   | <div>Back</div> <div><div><div><div>CONTROLS</div><div><div>Press the right button to unlock the iHealth Flow Activity Tracker screen. Press again and click on the icons to access each function.</div><div></div><div></div><div></div></div><div><div></div><div>If you want to change the watch face, press and hold the screen and swipe left and right to select different styles.</div></div><div><div>IN THE BOX</div><div><div>iHealth Flow Activity Tracker</div><div>x 1</div></div><div><div>USB Charger</div><div>x 1</div></div><div><div>Quick Start Guide</div><div>x 1</div></div></div></div><div><div><div></div><div><div>1</div><div>Touch Screen</div></div><div><div>2</div><div>Home Button</div></div></div><div><div></div><div><div>3</div><div>Charging Port</div></div><div><div>4</div><div>Heart Rate Sensor</div></div></div></div><div><div>FCC Warning:</div><div>This device complies with part 15 of the FCC Rules. Operation is subject to the following two conditions:</div><div><div>(1) This device may not cause harmful interference, and (2) this device must accept any interference received, including interference that may cause undesired operation.</div><div>Any changes or modifications not expressly approved by the party responsible for compliance could void the user's authority to operate the equipment. 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:</div></div><div><div>-Reorient or relocate the receiving antenna.<br/>-Increase the separation between the equipment and receiver.<br/>-Connect the equipment into an outlet on a circuit different from that to which the receiver is connected.<br/>-Consult the dealer or an experienced radio/TV technician for help.</div><div>The device has been evaluated to meet general RF exposure requirement. The device can be used in portable exposure condition without restriction.</div><div>FCC ID: SLRAM6<br/>For more compliance information, please see: main function page -&gt; setting -&gt; compliance info</div></div></div></div></div> |      |         |           |      |           |              |     |             |         |
| 6   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |      |         |           |      |           |              |     |             |         |
| 7   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |      |         |           |      |           |              |     |             |         |
| 8   | <div>本件要求通过RoHS测试</div> <div>说明：材质为：105g无光铜</div> <div>尺寸： 65X90mm</div> <div>印刷颜色：4色</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      |         |           |      |           |              |     |             |         |
| 3   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |      |         | Signature | Date | Tolerance | Pro material |     | Model NO.   |         |
| 2   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |      | Design  |           |      | .X        | Surf dispose |     | Part name   |         |
| 1   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |      | Checkup |           |      | .XX       | Scale        | 1:1 | Drawing NO. |         |
| No. | 更改记录                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 更改时间 | Approve |           |      | .X°       | Units        | mm  |             | Edition |