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3. I am not being compensated for this declaration and IEEE is only being reimbursed for the cost of the article I am certifying.
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8. The article below has been attached as Exhibit A to this declaration:

A.	Y. Mendelson, R. J. Duckworth, and G. Comtois, “A Wearable Reflectance Pulse Oximeter for Remote Physiological Monitoring”, 2006 International Conference of the IEEE Engineering in Medicine and Biology Society, August 30, 2006 - September 3, 2006.
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9. I obtained a copy of Exhibit A through IEEE Xplore, where it is maintained in the ordinary course of IEEE’s business. Exhibit A is a true and correct copy of the Exhibit, as it existed on or about April 30, 2021.

10. The article and abstract from IEEE Xplore shows the date of publication. IEEE Xplore populates this information using the metadata associated with the publication.
11. Y. Mendelson, R. J. Duckworth, and G. Comtois, "A Wearable Reflectance Pulse Oximeter for Remote Physiological Monitoring" was published in the 2006 International Conference of the IEEE Engineering in Medicine and Biology Society. The 2006 International Conference of the IEEE Engineering in Medicine and Biology Society was held from August 30, 2006 - September 3, 2006. Copies of the conference proceedings were made available no later than the last day of the conference. The article is currently available for public download from the IEEE digital library, IEEE Xplore.
12. I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. § 1001.

I declare under penalty of perjury that the foregoing statements are true and correct.

Executed on: 5/3/2021

DocuSigned by:  
*Gordon Macpherson*  
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# EXHIBIT A



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# A Wearable Reflectance Pulse Oximeter for Remote Physiological Monitoring

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**Abstract:** To save life, casualty care requires that trauma injuries are accurately and expeditiously assessed in the field. This paper describes the initial bench testing of a wireless wearable pulse oximeter developed based on a small forehead mounted sensor. The battery operated device employs a lightweight optical reflectance sensor and incorporates an annular photodetector to reduce power consumption. The system also has short range wireless communication capabilities to transfer arterial oxygen saturation (SpO<sub>2</sub>), heart rate (HR), body acceleration, and posture information to a PDA. It has the potential for use in combat casualty care, such as for remote triage, and by first responders, such as firefighters

### Authors

Figures

References

Citations

Keywords

**Published in:** 2006 International Conference of the IEEE Engineering in Medicine and Biology Society

Date of Conference: 20 Aug. - 2 Sept. 2006 INSPEC Accession Number: 0220060

Date Added to IEEE Xplore: 15 December 2016  
Publisher: IEEE

Print ISBN: 1-4244-0032-5

Conference Location: New York, NY, USA

Print ISSN: 1557-170X

PubMed ID: 17946007  
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### Contents

#### I. Introduction

Steady advances in noninvasive physiological sensing, hardware miniaturization, and wireless communication are leading to the development of new wearable technologies that have broad and important implications for civilian and military applications [1]–[2]. For example, the emerging development of compact, low-power, small-size, light-weight, and unobtrusive wearable devices may facilitate remote noninvasive monitoring of vital signs from soldiers during training exercises and combat. Telemetry of physiological information via a short-range wirelessly-linked personal area network can also be useful for firefighters, hazardous material workers, mountain climbers, or emergency first-responders operating in harsh and hazardous environments. The primary goal of such a wireless mobile platform would be to keep track of an injured person's vital signs, thus readily allowing the telemetry of physiological information to medical providers, and support emergency responders in making critical and often life saving decisions in order to expedite rescue operations. Having wearable physiological monitoring could offer far-forward medics numerous advantages, including the ability to determine a casualty's condition remotely without exposing the first responders to increased risks, quickly identifying the severity of injuries especially when the injured are greatly dispersed over large geographical terrains and often out-of-site, and continuously tracking the injured condition until they arrive safely at a medical care facility.

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