

DATE: 11-14-2017

JFK Assassination System
Identification Form

Date: 5/27/201

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JAMES P. HOSTY JR.
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DATE: 11-14-2017

Standard Form 88
 Revised April 1968
 General Services Administration
 Interagency Comm on Medical Records
 FPMR 101-11.809-3

REPORT OF MEDICAL EXAMINATION

| | | | |
|--|--|--|--|
| 1. LAST NAME—FIRST NAME—MIDDLE NAME HOSTY JAMES P. | | 2. GRADE AND COMPONENT OR POSITION | 3. IDENTIFICATION NO. |
| 4. HOME ADDRESS (Number, street or RFD, city or town, State and ZIP Code) 3014 W Sibley Dr Westwood Hs 66205 | | 5. PURPOSE OF EXAMINATION Annual | 6. DATE OF EXAMINATION 3 Sept 76 |
| 7. SEX M | 8. RACE W | 9. TOTAL YEARS GOVERNMENT SERVICE MILITARY _____ CIVILIAN _____ | 10. AGENCY |
| 11. ORGANIZATION UNIT | | 14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN Janet P. Hosty - wife | |
| 12. DATE OF BIRTH 28 Aug 24 | 13. PLACE OF BIRTH Chicago Ill | 15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS VA Hospital, KC Mo. | |
| 16. OTHER INFORMATION | | 17. RATING OR SPECIALTY | |
| TIME IN THIS CAPACITY (Total) | | LAST SIX MONTHS | |

| CLINICAL EVALUATION | | ABNOR- MAL |
|---------------------|---|---------------|
| NOR- MAL | (Check each item in appropriate col- umn; enter "NE" if not evaluated.) | |
| | 18. HEAD, FACE, NECK, AND SCALP | |
| | 19. NOSE | |
| | 20. SINUSES | |
| | 21. MOUTH AND THROAT | |
| | 22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71) | |
| | 23. DRUMS (Perforation) | |
| | 24. EYES—GENERAL (Visual acuity and refraction under items 59, 60 and 67) | |
| | 25. OPHTHALMOSCOPIC | |
| | 26. PUPILS (Equality and reaction) | |
| | 27. OCULAR MOTILITY (Associated parallel movements, nystagmus) | |
| | 28. LUNGS AND CHEST (Include breasts) | |
| | 29. HEART (Thrust, size, rhythm, sounds) | |
| | 30. VASCULAR SYSTEM (Varicosities, etc.) | |
| | 31. ABDOMEN AND VISCERA (Include hernia) | |
| | 32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate, if indicated) | |
| | 33. ENDOCRINE SYSTEM | |
| | 34. G-U SYSTEM | X |
| | 35. UPPER EXTREMITIES (Strength, range of motion) | |
| | 36. FEET | |
| | 37. LOWER EXTREMITIES (Except feet) (Strength, range of motion) | |
| | 38. SPINE, OTHER MUSCULOSKELETAL | |
| | 39. IDENTIFYING BODY MARKS, SCARS, TATTOOS | |
| | 40. SKIN, LYMPHATICS | |
| | 41. NEUROLOGIC (Equilibrium tests under item 72) | |
| | 42. PSYCHIATRIC (Specify any personality deviation) | |
| | 43. PELVIC (Females only) (Check how done) | |
| | <input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL | |

NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

*atrophic right testicle
 no other abnormalities noted*

REC-139 **67-494012-206**
 Searched _____ Numbered _____
1 SEP 21 1976 '9

MAR 24 1980

(Continue in item 73)

44. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)

| | | | | |
|---|---------------------------------|----------------------------------|---|--|
| 0 1 2 3 Restorable teeth | 1 2 3 Non-restorable teeth | 1 2 3 Missing teeth | 1 2 3 Replaced by dentures | 1 2 3 Fixed Partial dentures |
| R 32 31 30 X 1 2 3 X 4 5 6 7 8 | X 32 31 30 X 4 5 6 7 8 | 32 31 30 32 31 30 32 31 30 | 32 31 30 32 31 30 32 31 30 | 32 31 30 32 31 30 32 31 30 |
| H 32 31 30 X | 29 28 27 26 25 | 24 23 22 21 20 | 19 18 17 16 15 14 13 12 11 10 9 8 7 6 5 4 3 2 1 | L 16 15 14 13 12 11 10 9 8 7 6 5 4 3 2 1 E 17 16 15 14 13 12 11 10 9 8 7 6 5 4 3 2 1 F 17 16 15 14 13 12 11 10 9 8 7 6 5 4 3 2 1 T |

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

MAR 24 1980

| | | | |
|--|----------------|---|-----------------|
| 45. URINALYSIS: A. SPECIFIC GRAVITY | | 46. CHEST X-RAY (Place, date, film number and result) | |
| B. ALBUMIN | D. MICROSCOPIC | | |
| C. SUGAR | 48. EKG | 49. BLOOD TYPE AND RH FACTOR | 50. OTHER TESTS |
| 47. SEROLOGY (Specify test used and result) TU SEP 27 1976 | | | |

DATE: 11-14-2017

132-10096

MEASUREMENTS AND OTHER FINDINGS

| | | | | | | | | | | |
|---|--------------------------------------|--|--------------------------|---|--|-----------------|-------------------------|--|-----------|-----------|
| 51. HEIGHT 73" | 52. WEIGHT 208 lb | 53. COLOR HAIR Brown | 54. COLOR EYES Blue | 55. BUILD: <input type="checkbox"/> SLENDER <input checked="" type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input type="checkbox"/> OBESE | | | 56. TEMPERATURE | | | |
| 57. BLOOD PRESSURE (Arm at heart level) | | | | 58. PULSE (Arm at heart level) | | | | | | |
| A. SITTING SYS. 108 DIAS. 74 | B. RECUMBENT SYS. 110 DIAS. 72 | C. STANDING (3 min.) SYS. 120 DIAS. 82 | A. SITTING 68 regular | | B. AFTER EXERCISE | C. 2 MIN. AFTER | D. RECUMBENT | | | |
| 59. DISTANT VISION | | 60. REFRACTION | | | 61. NEAR VISION | | | | | |
| RIGHT 20/20 | CORR. TO 20/20 | BY - | S. | CX - | 14/42 | CORR. TO 14/14 | BY | | | |
| LEFT 20/20 | CORR. TO 20/20 | BY - | S. | CX - | 14/42 | CORR. TO 14/14 | BY | | | |
| 62. HETEROPHORIA (Specify distance) | | | | | | | | | | |
| ES° | EX° | R. H. | L. H. | PRISM DIV. | PRISM CONV. CT | PC | PD | | | |
| 63. ACCOMMODATION | | 64. COLOR VISION (Test used and result) | | | 65. DEPTH PERCEPTION (Test used and score) | | UNCORRECTED | | | |
| RIGHT | LEFT | A-O Color Chart Passed | | | | | CORRECTED | | | |
| 66. FIELD OF VISION | | 67. NIGHT VISION (Test used and score) | | | 68. RED LENS TEST | | 69. INTRAOCULAR TENSION | | | |
| Normal | | | | | | | | | | |
| 70. HEARING | | 71. AUDIOMETER | | | | | | 72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score) | | |
| RIGHT WV | /15 SV | /15 | 250 256 | 500 512 | 1000 1024 | 2000 2048 | 3000 2896 | 4000 4096 | 6000 6144 | 8000 8192 |
| LEFT WV | /15 SV | /15 | RIGHT | | | | | | | |
| | | | LEFT | | | | | | | |

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

Chronic atrophy right testicle

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

None

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

None

77. EXAMINEE (Check)

A. IS QUALIFIED FOR
B. IS NOT QUALIFIED FOR

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

79. TYPED OR PRINTED NAME OF PHYSICIAN

R.F. STONE, MD.

SIGNATURE

R.F. Stone MD

80. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)

SIGNATURE

James P. Sullivan DDS

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

SIGNATURE

NUMBER OF ATTACHED SHEETS