

DATE: 11-14-2017

JFK Assassination System
Identification Form

Date: 5/27/201

Agency Information

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

Standard Form 88
(Rev. Aug. 1956)
PROMULGATED BY
BUREAU OF THE BUDGET
CIRCULAR A-24

523-56

REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME HOSTY, James P Jr.			2. GRADE AND COMPONENT OR POSITION		3. IDENTIFICATION NO.
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State) 10344 Estacado Dr. Dallas, Texas			5. PURPOSE OF EXAMINATION Annual		6. DATE OF EXAMINATION 23 Feb 1956
7. SEX Male	8. RACE Cau	9. TOTAL YRS. GOVT. SERVICE MILITARY 3 CIVILIAN 4	10. DEPARTMENT, AGENCY, OR SERVICE Dept Of Justice		11. ORGANIZATION UNIT FBI.
12. DATE OF BIRTH 8-28-24		13. PLACE OF BIRTH Chicago, Ill.		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN	
15. EXAMINING FACILITY, OR EXAMINER, AND ADDRESS USNAS, Dallas, Texas			16. OTHER INFORMATION Catholic		

17. RATING OR SPECIALTY		TIME IN THIS CAPACITY: TOTAL		LAST SIX MONTHS	
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CLINICAL EVALUATION		NOTES.—Describe every abnormality in detail. (Enter pertinent item number before each comment; continue in item 73 and use additional sheets if necessary.)	
NORMAL	ABNORMAL		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	18. HEAD, FACE, NECK, AND SCALP	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	19. NOSE	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	20. SINUSES	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	21. MOUTH AND THROAT	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	23. DRUMS (Perforation)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	24. EYES—GENERAL (Visual acuity and refraction, under items 59, 60, and 61)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	25. OPHTHALMOSCOPIC	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	26. PUPILS (Equality and reaction)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	27. OCULAR MOTILITY (Associated parallel movements, nystagmus)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	28. LUNGS AND CHEST (Include breasts)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	29. HEART (Thrust, size, rhythm, sounds)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	30. VASCULAR SYSTEM (Varicosities, etc.)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	31. ABDOMEN AND VISCERA (Include hernia)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate if indicated)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	33. ENDOCRINE SYSTEM	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	34. G-U SYSTEM	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	35. UPPER EXTREMITIES (Strength, range of motion)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	36. FEET	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	38. SPINE, OTHER MUSCULOSKELETAL	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	40. SKIN, LYMPHATICS	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	41. NEUROLOGIC (Equilibrium tests under item 72)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	42. PSYCHIATRIC (Specify any personality deviation)	
Females only (Check how done)			
<input type="checkbox"/>	<input type="checkbox"/>		43. PELVIC <input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL

34 Atrophied right testicle.

XEROX
MAR 11 1980

RECORDED

197-494 012-55

(Continue in item 73)

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively)																	REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES	
O.—Restorable teeth X—Missing teeth (6 X 8)—Fixed bridge, brackets to include abutments I.—Nonrestorable teeth XXX—Replaced by dentures																	Type III. 145 Caries, NCD. 6 15 1956 Qualified	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 32 31 30 29 28 27 26 25 24 23 22 21 20 19 18																		
H T X																		

45. URINALYSIS: SP. GR. 1.020			46. CHEST X-RAY (Place, date, film number, result) USNAS, Dallas, Texas 2-23-56 Film # 737, Negative		47. SEROLOGY (Specify test used and result) Kahn: Negative	
ALBUMIN Neg.	SUGAR Neg.	MICROSCOPIC Normal	48. EKG	49. BLOOD TYPE AND RH FACTOR "O"	50. OTHER TESTS	

36 APR 11 1956

THREE *[Signature]*

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134-10182

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT 72	52. WEIGHT 209	53. COLOR HAIR Brown	54. COLOR EYES Brown	55. BUILD: SLENDER <input type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input type="checkbox"/> OBESE <input type="checkbox"/>	56. TEMP 98.6
57. BLOOD PRESSURE (Arm at heart level)			58. PULSE (Arm at heart level)		
SITTING	SYS. 120 DIAS. 82	RECUM-BENT	SYS. 120 DIAS. 82	STANDING (8 min.)	SYS. 120 DIAS. 82
59. DISTANT VISION		60. REFRACTION		61. NEAR VISION	
RIGHT 20/	20	CORR. TO 20/	BY	S.	CX
LEFT 20/	20	CORR. TO 20/	BY	S.	CX
62. HETEROPHORIA (Specify distance) ES° EX° R. H. L. H. PRISM DIV. PRISM CONV. PC PD					
63. ACCOMMODATION RIGHT LEFT		64. COLOR VISION (Test used and result) Passed Falant		65. DEPTH PERCEPTION (Test used and score) UNCORRECTED CORRECTED	
66. FIELD OF VISION		67. NIGHT VISION (Test used and score)		68. RED LENS	
69. INTRAOCULAR TENSION		70. HEARING		71. AUDIOMETER	
RIGHT WV 15 /15 SV 15 /15		LEFT WV 15 /15 SV 15 /15		72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)	
73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY					

No significant history.

(Use additional sheets of plain paper if necessary)

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

34 Atrophied right testicle.

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify) None.			76. PHYSICAL PROFILE					
			P	U	L	H	E	S
77. EXAMINEE (Check) <input checked="" type="checkbox"/> IS QUALIFIED FOR Annual Strenuous Physical Exertion <input type="checkbox"/> IS NOT			PHYSICAL CATEGORY					
78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER			A	B	C	E		
79. TYPED OR PRINTED NAME OF PHYSICIAN F. C. SPURGEON LT MC USNR			SIGNATURE <i>F. C. Spurgeon</i>					
80. TYPED OR PRINTED NAME OF PHYSICIAN			SIGNATURE					
81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which) H. J. BLOOM CDR DC USNR			SIGNATURE					
82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY			SIGNATURE				NUMBER OF ATTACHED SHEETS	