

DATE: 11-14-2017

JFK Assassination System  
Identification Form

Date: 5/27/201

## Agency Information

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## Document Information

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SUBJECTS :  
JAMES P. HOSTY JR.

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DATE: 11-14-2017

Standard Form 88  
(June, 1956)

REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME <b>HOSTY JAMES PATRICK JR.</b>		2. GRADE AND COMPONENT OR POSITION <b>Special Agent</b>	3. IDENTIFICATION NO. <b>7392</b>
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State) <b>11018 Genetta Drive, Dallas 28, Texas</b>		5. PURPOSE OF EXAMINATION <b>Annual</b>	6. DATE OF EXAMINATION <b>24 February 1960</b>
7. SEX <b>Male</b>	8. RACE <b>White</b>	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY <b>3</b> CIVILIAN <b>8</b>	10. AGENCY <b>Department Of Justice, FBI</b>
11. ORGANIZATION UNIT		12. DATE OF BIRTH <b>28 August 1924 (35)</b>	
13. PLACE OF BIRTH <b>Chicago, Illinois</b>		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN <b>Janet P. Hosty (W) Same As Item #4</b>	
15. EXAMINING FACILITY OR EXAMINER AND ADDRESS <b>USAF Hospital Carswell AFB, Texas</b>		16. OTHER INFORMATION	
17. RATING OR SPECIALTY		TIME IN THIS CAPACITY (Total)	LAST SIX MONTHS

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

*Det 5  
SF-88  
SF-89  
FD-200  
2 EKG's  
JRB*

**Bulet to SAC  
3-25-60  
JRB**

34. Minimal atrophy right testicle.

**XEROX  
MAR 11 1980**

REC-133

Searched \_\_\_\_\_ Numbered **89**  
(Continued in item 73) **28**

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				(6X8)—Fixed bridge, brackets to include, abutments									
/—Nonrestorable teeth				XXX—Replaced by dentures.													
R	X	2	3	(4 X)	6	7	8	9	10	11	12	13	14	15	16	L E F T	TYPE III CLASS I
I	X	2	3	(4 X)	6	7	8	9	10	11	12	13	14	15	16		
H	X	31	30	29	28	27	26	25	24	23	22	21	20	19	18		

45. URINALYSIS: A. SPECIFIC GRAVITY <b>1.020</b>				46. CHEST X-RAY (Place, date, film number and result)			
B. ALBUMIN <b>Neg</b>		D. MICROSCOPIC		<b>CAPB, TEXAS #60-2852 Negative 24 Feb 60</b>			
C. SUGAR <b>Neg</b>							
47. SEROLOGY (Specify test used and result)		48. EKG		49. BLOOD TYPE AND RH FACTOR		50. OTHER TESTS	
<b>Cardiolipin Negative</b>		<b>Normal</b>					