

DATE: 11-14-2017

JFK Assassination System
Identification Form

Date: 5/27/201

Agency Information

AGENCY : FBI
RECORD NUMBER : 124-10134-10312
RECORD SERIES : HQ
AGENCY FILE NUMBER : 67-494012-116

Document Information

ORIGINATOR : FBI
FROM :
TO :
TITLE :
DATE : 02/20/1964
PAGES : 7
SUBJECTS :
JAMES P. HOSTY JR.
DOCUMENT TYPE : PAPER, TEXTUAL DOCUMENT
CLASSIFICATION : Unclassified
RESTRICTIONS : 3
CURRENT STATUS : Redact
DATE OF LAST REVIEW : 08/21/1998
OPENING CRITERIA : INDEFINITE
COMMENTS : MED RPT, INC LET, MED HISTORY, FD-300

DATE: 11-14-2017

Standard Form 88
(Rev. June 1956)
88-103-01

REPORT OF MEDICAL EXAMINATION

| | | | | | |
|--|------------------|---|---|---|--------------------------------------|
| 1. LAST NAME—FIRST NAME—MIDDLE NAME HOSTY, JAMES PATRICK JR | | | 2. GRADE AND COMPONENT OR POSITION SPECIAL AGENT | | 3. IDENTIFICATION NO. - |
| 4. HOME ADDRESS (Number, street or RFD, city or town, zone and State) 11018 Genetta Dr, Dallas, Texas | | | 5. PURPOSE OF EXAMINATION Annual | | 6. DATE OF EXAMINATION 20 Feb 64 |
| 7. SEX Male | 8. RACE White | 9. TOTAL YEARS GOVERNMENT SERVICE MILITARY 3 CIVILIAN 12 | | 10. AGENCY FBI | 11. ORGANIZATION UNIT Dallas, Tex |
| 12. DATE OF BIRTH 28 Aug 24 (39) | | 13. PLACE OF BIRTH Chicago, Illinois | | 14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN Janet P Hosty (wife) (Same as Item 4.) | |
| 15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS USAF HOSP CARSWELL, CAFB, TEXAS | | | | 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 | |
| | 39. IDENTIFYING BODY MARKS, SCARS, TATTOOS | X |
| | 40. SKIN, LYMPHATICS | X |
| 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.)

REC-139
494 012-116
Searched
MAR 23 1964
INDEXED
MAR 15 1964

34. Right testes, not palpable.

39. 1" horizontal scar of forehead, WHNS.

40. 1" x 1/4" hemangioma; left posterior chest.

ENCLOSURE att

(Continue in item 73)

| | | | | | | | | | | | | | | | | |
|--|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| 44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.) | | | | | | | | | | | | | | | | |
| O—Restorable teeth —Nonrestorable teeth | | | | | | | | | | | | | | | | |
| X—Missing teeth XXX—Replaced by dentures | | | | | | | | | | | | | | | | |
| (6 X 8)—Fixed bridge, brackets to include abutments | | | | | | | | | | | | | | | | |
| R | X | | | X | X | | | | | | | | | | X | |
| I | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
| G | | | | | | | | | | | | | | | | |
| H | X | 31 | 30 | 29 | 28 | 27 | 26 | 25 | 24 | 23 | 22 | 21 | 20 | 19 | 18 | 17 |
| T | | | | | | | | | | | | | | | | X |

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES
Type 3., Class 1.

| | | | | | |
|---|--|---|---|-----------------------------------|--|
| 45. URINALYSIS: A. SPECIFIC GRAVITY 1.027 | | | 46. CHEST X-RAY (Place, date, film number and result) CAFB, Tex 20 Feb 64 #64-3379 Negative | | |
| B. ALBUMIN Neg | | D. MICROSCOPIC Within normal limits. | | | |
| C. SUGAR Neg | | | | | |
| 47. SEROLOGY (Specify test used and result) Cardiolipin - Negative | | 48. EKG Atchd Normal | | 49. BLOOD TYPE AND RH FACTOR - | |
| | | | | 50. OTHER TESTS - | |

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1964

JMO

DATE: 11-14-2017

MEASUREMENTS AND OTHER FINDINGS

| | | | | | | | | | | | | | | | | | | | |
|---|--|-----------------------------------|--|---|--|--------------------------------|--|--|--|---|-------------------------|-------------------------|--|-------------------------------|--|------|--|------|--|
| 51. HEIGHT 72 | | 52. WEIGHT 183 | | 53. COLOR HAIR - | | 54. COLOR EYES - | | 55. BUILD: <input type="checkbox"/> SLENDER <input type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input type="checkbox"/> OBESE | | | 56. TEMPERATURE 98.0 | | | | | | | | |
| 57. BLOOD PRESSURE (Arm at heart level) | | | | | | 58. PULSE (Arm at heart level) | | | | | | | | | | | | | |
| A. SITTING SYS. 110 DIAS. 70 | | B. RECUMBENT SYS. - DIAS. - | | C. STANDING (3 min.) SYS. - DIAS. - | | A. SITTING 64 | | B. AFTER EXERCISE 76 | | C. 2 MIN. AFTER 72 | | D. RECUMBENT - | | E. AFTER STANDING 3 MIN. - | | | | | |
| 59. DISTANT VISION | | | | 60. REFRACTION | | | | 61. NEAR VISION | | | | | | | | | | | |
| RIGHT 20/ 20 | | CORR. TO 20/ | | BY | | S. | | OX | | 20/20 | | CORR. TO | | BY | | | | | |
| LEFT 20/ 20 | | CORR. TO 20/ | | BY | | S. | | OX | | 20/20 | | CORR. TO | | 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) | | | | 69. INTRAOCULAR TENSION | | | | | | | |
| RIGHT | | LEFT | | VTS-CV Passed | | | | - | | | | UNCORRECTED | | CORRECTED | | | | | |
| 66. FIELD OF VISION | | | | 67. NIGHT VISION (Test used and score) | | | | 68. RED LENS TEST | | | | 69. INTRAOCULAR TENSION | | | | | | | |
| Normal | | | | - | | | | - | | | | Normal | | | | | | | |
| 70. HEARING | | | | 71. Maico AUDIOMETER | | | | | | 72. PSYCHOLOGICAL AND PSYCHOMOTOR (Test used and score) | | | | | | | | | |
| RIGHT WV | | 15 /15 SV | | 250 | | 500 | | 1000 | | 2000 | | 3000 | | 4000 | | 6000 | | 8000 | |
| LEFT WV | | 15 /15 SV | | 256 | | 512 | | 1024 | | 2048 | | 2896 | | 4096 | | 6144 | | 8192 | |
| | | | | RIGHT | | 5 | | 0 | | 0 | | 0 | | - | | - | | - | |
| | | | | LEFT | | 15 | | 10 | | 10 | | 20 | | - | | - | | - | |

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

Whooping cough in childhood; no comp, no seq.
Laceration to forehead in early childhood; no comp, no seq.

Denies all other medical or surgical history.

(Use additional sheets if necessary)

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

| | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|-------------------------|--|---|--|---|--|---|--|---|--|---|--|
| 75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify) Refer to private physician for evaluation of right testes. | | | | | | 76. A. PHYSICAL PROFILE | | | | | | | | | | | |
| | | | | | | P | | U | | L | | H | | E | | S | |
| | | | | | | - | | - | | - | | - | | - | | - | |
| 77. EXAMINEE (Check) A. <input checked="" type="checkbox"/> IS QUALIFIED FOR B. <input type="checkbox"/> IS NOT QUALIFIED FOR Arduous duties. | | | | | | B. PHYSICAL CATEGORY | | | | | | | | | | | |
| 78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER | | | | | | A | | B | | C | | E | | | | | |
| | | | | | | - | | - | | - | | - | | | | | |

| | | | | | | | |
|--|--|--|--|------------------------------------|--|--|--|
| 79. TYPED OR PRINTED NAME OF PHYSICIAN ALBERT B HENRY, CAPT, USAF, MC | | | | SIGNATURE <i>Albert B Henry</i> | | | |
| 80. TYPED OR PRINTED NAME OF PHYSICIAN | | | | SIGNATURE | | | |
| 81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which) | | | | SIGNATURE | | | |
| 82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY | | | | SIGNATURE | | | |
| | | | | NUMBER OF ATTACHED SHEETS | | | |