

DATE: 11-14-2017

JFK Assassination System
Identification Form

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SUBJECTS :
JAMES P. HOSTY JR.

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DATE: 11-14-2017
 Standard Form 88
 (Rev. June 1956)
 Bureau of the Budget
 Circular A-32 (Rev.)

REPORT OF MEDICAL EXAMINATION

88-109-01

1. LAST NAME—FIRST NAME—MIDDLE NAME HOSTY, James Patrick, Jr.		2. GRADE AND COMPONENT OR POSITION Special Agent FBI	3. IDENTIFICATION NO. 7392
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State) 3014 West 51st Terrace Shawnee Mission, Kansas 66205		5. PURPOSE OF EXAMINATION FBI Annual	6. DATE OF EXAMINATION 10 Apr 67
7. SEX Male	8. RACE Caucasian	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY 3 CIVILIAN 15	10. AGENCY FBI
11. ORGANIZATION UNIT FBI (Kansas City)		12. DATE OF BIRTH 28 Aug 24 (42)	
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 838 TAC HOSPITAL, FORBES AFB, KANSAS 66620		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 (Excerpt 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.)

- 32. Prostate and rectum normal to digital examination.
- 34. Atrophic right testicle.

ENCLOSURE att
 REC-137

67-494012-164
 Searched
 4 MAR 1 1967

THREE

XEROX

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

O—Restorable teeth		X—Missing teeth		(6 X 8)—Fixed bridge, brackets to include abutments	
/—Nonrestorable teeth		XXX—Replaced by dentures			
R	X	X	X		
I	1	2	3	4	5
G	31	30	29	28	27
H					
T					

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES
 Type **A.P. 3**
 Class - 2
 Qualified
 Prosthesis serviceable

LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY 1.020	46. CHEST X-RAY (Place, date, film number and result) 838 TAC HOSPITAL, FORBES AFB, KANSAS Film 2705 Neg (14x17) 10 Apr 67
B. ALBUMIN Neg	D. MICROSCOPIC Essentially Negative
C. SUGAR Neg	47. SEROLOGY (Specify test used and result) VDRL - Neg
48. EKG WNL	49. BLOOD TYPE AND RH FACTOR O⁺ Pos
50. OTHER TESTS Hematocrit 46%	

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