

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

Standard Form 88
 Re: 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 Patrick, Jr.			2. GRADE AND COMPONENT OR POSITION Civilian S/A		3. IDENTIFICATION NO. 354-16-1823
4. HOME ADDRESS (Number, street or RFD, city or town, State and ZIP Code) 3014 W. 51st Terr. Shawnee Mission, Kansas 66205			5. PURPOSE OF EXAMINATION Annual FBI		6. DATE OF EXAMINATION 22 May 1970
7. SEX Male	8. RACE Caucasian	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY 3 CIVILIAN 18		10. AGENCY FBI	11. ORGANIZATION UNIT Kansas City, Missouri
12. DATE OF BIRTH (45) 28 Aug 1924		13. PLACE OF BIRTH Chicago, Illinois		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN Janet P. Hosty (wife) (same as #4)	
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS 4676 USAF Hospital, R-G AFB, Mo.			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	
	21. MOUTH AND THROAT	X
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
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.)

#21. Whitish confluent buccal eruption. Papular in character. Tonsils enucleated.

#34. Circumcised.

#39. Birthmark 1/2" long left scapula. 1" scar on right thigh, WHNS.

67-494012-178
 Searched _____ Numbered _____
 9 JUL 14 1970

REC-142

XEROX
 MAR 20 1980

ENCLOSURE

(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	x	x	x	1	2	3	Replaced by dentures	x	x	x	1	2	3	Fixed Partial dentures	
	32	31	30			32	31	30		32	31	30		x	x	x	32	31	30		x	x	x	32	31	30		
R	X					X																						
I																												
T	X																											

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

Exam Type 3
 Class 2

LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY 1.012		46. CHEST X-RAY (Place, date, film number and result) 14 X 17 Film No. 70-4536 22 May 1970 Richards-Gebaur AFB, Mo. Normal	
B. ALBUMIN Negative	D. MICROSCOPIC Negative	47. SEROLOGY (Specify test used and result) RPR - Negative	
C. SUGAR Negative	48. EKG Normal	49. BLOOD TYPE AND RH O Positive (by record)	50. OTHER TESTS HCT: 46 Vols%

88-117-01

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MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT 73		52. WEIGHT 190		53. COLOR HAIR Brown		54. COLOR EYES Brown		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		B. AFTER EXERCISE		C. 2 MIN. AFTER		D. RECUMBENT		E. AFTER STANDING 3 MIN.													
SYS. 110 DIAS. 84		SYS. - RECUM-BENT DIAS. -		C. STANDING (3 min.) SYS. - DIAS. -		A. SITTING 66		B. AFTER EXERCISE 90		C. 2 MIN. AFTER 66		D. RECUMBENT -		E. AFTER STANDING 3 MIN. -							
59. DISTANT VISION				60. REFRACTION				61. NEAR VISION													
RIGHT 20/ 20		CORR. TO 20/ -		BY - S. -		CX -		20/20		CORR. TO -		BY -									
LEFT 20/ 20		CORR. TO 20/ -		BY - S. -		CX -		20/20		CORR. TO -		BY -									
62. HETEROPHORIA (Specify distance)																					
ES° -		EX° -		R. H. -		L. H. -		PRISM DIV. -		PC -		PD -									
63. ACCOMMODATION				64. COLOR VISION (Test used and result)				65. DEPTH PERCEPTION (Test used and score)				69. INTRAOCULAR TENSION									
RIGHT -		LEFT -		Passes VTS-CV				-				UNCORRECTED -									
66. FIELD OF VISION				67. NIGHT VISION (Test used and score)				68. RED LENS TEST				CORRECTED -									
Normal				NIBH				-				OU. 17.3									
70. HEARING				71. BELTONE AUDIOMETER ISO						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 -		0		0		0		0		30		20		-	
						LEFT -		0		0		30		55		50		60		-	

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

Tonsillectomy in childhood, no comp, no seq.
 Circumcised in infancy, no comp, no seq.
 Scar on right thigh, cut on barbed wire at age 8, no comp, no seq.
 Mother had cancer, no signs or symptoms in examinee.
 Father has rheumatism, no signs or symptoms in examinee.
 Sister has asthma, no signs or symptoms in examinee.

Examinee denies all other significant medical/surgical history.

(Use additional sheets if necessary)

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

Dental evaluation - buccal eruption.

75. RECOMMENDATIONS - FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

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

BYRON R. JOHNSON, Capt, USAF MC

80. TYPED OR PRINTED NAME OF PHYSICIAN

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

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

76. A. PHYSICAL PROFILE

P	U	L	H	E	S
1	1	1	1	1	1

B. PHYSICAL CATEGORY

A	B	C	E
X	-	-	-

SIGNATURE

SIGNATURE

SIGNATURE

SIGNATURE

NUMBER OF AT-TACHED SHEETS