

DATE: 11-14-2017

JFK Assassination System
Identification Form

Date: 5/27/201

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JAMES P. HOSTY JR.
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DA Form 101-198-2017
 Revised April 1968
 General Services Administration
 Agency Comm. on Medical Records
 FPMR (41 CFR) 101-11.809-3

REPORT OF MEDICAL EXAMINATION

816/221-612

1. LAST NAME—FIRST NAME—MIDDLE NAME HOSTY, JAMES PATRICK			2. GRADE AND COMPONENT OR POSITION CIVILIAN		3. IDENTIFICATION NO. 354-16-1823
4. HOME ADDRESS (Number, street or RFD, city or town, State and ZIP Code) 2014 W. STATE SHAWNEE MISSION, KS 66205			5. PURPOSE OF EXAMINATION ANNUAL		6. DATE OF EXAMINATION 5 JUL 74
7. SEX MALE	8. RACE WHITE	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY 3 CIVILIAN 22		10. AGENCY FBI	11. ORGANIZATION UNIT
12. DATE OF BIRTH 28 AUG 24 1942		13. PLACE OF BIRTH CHICAGO, ILL		14. NAME, RELATIONSHIP AND ADDRESS OF NEXT OF KIN JANET P. HOSTY (WIFE) same as # 4	
15. EXAMINING FACILITY OR EXAMINER AND ADDRESS USAF Hospital, Richards-Gebaur (AFCS) Richards-Gebaur AFB, MO 62430			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) (Audiometry 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.)

Tonsils ENCLOSED

MAR 24 1968

REC-140

57-494012-196

(P) ENCLOSURE Searched 4 JUL 31 1974 Numbered

3 cm BIRTHMARK POSTERIOR SHOULDER
 Digital Rectal Normal

(Continue in item 73)

44. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)																REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES																																																										
<table border="0"> <tr><td>0</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>Restorable teeth</td></tr> <tr><td>32</td><td>31</td><td>30</td><td></td></tr> <tr><td>0</td><td></td><td></td><td></td></tr> </table>		0	1	2	3	1	2	3	Restorable teeth	32	31	30		0				<table border="0"> <tr><td>1</td><td>2</td><td>3</td></tr> <tr><td>32</td><td>31</td><td>30</td></tr> <tr><td></td><td></td><td>Non-restorable teeth</td></tr> </table>		1	2	3	32	31	30			Non-restorable teeth	<table border="0"> <tr><td>1</td><td>2</td><td>3</td></tr> <tr><td>32</td><td>31</td><td>30</td></tr> <tr><td></td><td></td><td>Missing teeth</td></tr> </table>		1	2	3	32	31	30			Missing teeth	<table border="0"> <tr><td>x</td><td>x</td><td>x</td></tr> <tr><td>1</td><td>2</td><td>3</td></tr> <tr><td>32</td><td>31</td><td>30</td></tr> <tr><td>x</td><td>x</td><td>x</td></tr> <tr><td></td><td></td><td>Replaced by dentures</td></tr> </table>		x	x	x	1	2	3	32	31	30	x	x	x			Replaced by dentures	<table border="0"> <tr><td>(x)</td><td>(x)</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>32</td><td>31</td></tr> <tr><td>(x)</td><td>(x)</td></tr> <tr><td></td><td>Fixed Partial dentures</td></tr> </table>		(x)	(x)	1	2	32	31	(x)	(x)		Fixed Partial dentures						
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Exam type 3
 Class I

LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY 1.022		46. CHEST X-RAY (Place, date, film number and result) 74-6138 NSA	
B. ALBUMIN neg	D. MICROSCOPIC neg		
C. SUGAR neg			
47. SEROLOGY (Specify test used and result) RPR - neg	48. EKG Normal	49. BLOOD TYPE AND RH FACTOR O Pos	50. OTHER TESTS Hct 44%

9 AUG 5 1974

DATE: 11-14-2017

134-10473

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT 73	52. WEIGHT 208	53. COLOR HAIR	54. COLOR EYES	55. BUILD: <input type="checkbox"/> SLENDER <input type="checkbox"/> MEDIUM <input checked="" type="checkbox"/> HEAVY <input type="checkbox"/> OBESE	56. TEMPERATURE
57. BLOOD PRESSURE (Arm at heart level)			58. PULSE (Arm at heart level)		
A. SITTING SYS. 118 DIAS. 80	B. RECUMBENT SYS. DIAS.	C. STANDING (3 min.) SYS. DIAS.	A. SITTING 60	B. AFTER EXERCISE	C. 2 MIN. AFTER
59. DISTANT VISION		60. REFRACTION		61. NEAR VISION	
RIGHT 20/20	CORR. TO 20/	BY	Wears glasses	CX	20/100 CORR. TO 20/40
LEFT 20/20	CORR. TO 20/	BY		CX	20/100 CORR. TO 20/50

62. HETEROPHORIA (Specify distance)

ES°	EX°	R. H.	L. H.	PRISM DIV.	PRISM CONV. CT	PC	PD
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63. ACCOMMODATION	64. COLOR VISION (Test used and result)	65. DEPTH PERCEPTION (Test used and score)	UNCORRECTED
RIGHT	WTS-CU		CORRECTED
LEFT			

66. FIELD OF VISION Normal	67. NIGHT VISION (Test used and score) WIBH	68. RED LENS TEST	69. INTRAOCULAR TENSION
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70. HEARING	71. RUPPNER AUDIOMETER	72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)
RIGHT WV /15 SV /15	250 500 1000 2000 3000 4000 6000 8000	8.39
LEFT WV /15 SV /15	RIGHT X 10 0 5 10 45 40 X	
	LEFT X 15 10 40 65 65 65 X	

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

High ~~Low~~ Frequency Hearing loss Both Ears 45 years
Worn glasses for 3 years

EXAMINEE DENIES FAMILY HX OF DIABETES/PSYCHOSIS USE OF CONTACT LENSES/DRUGS, HX OF MOTION SICKNESS/DISTURBANCES OF CONSCIOUSNESS & ALL OTHER SIGNIFICANT MEDICAL/SURGICAL HX

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

61. DVA ON UNcorrected Eye appointment - suggested
71. High Frequency Hearing loss Bilateral

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)	76. A. PHYSICAL PROFILE
	P U T L H E S
	() () () () () ()
77. EXAMINEE (Check) A. <input checked="" type="checkbox"/> IS QUALIFIED FOR B. <input type="checkbox"/> IS NOT QUALIFIED FOR	B. PHYSICAL CATEGORY
WWD (Annual)	A B C E
78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER	

79. TYPED OR PRINTED NAME OF PHYSICIAN Mark Distelhorst Capt MC FMO	SIGNATURE
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