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JFK Assassination System
Identification Form

Date: 5/27/201

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JAMES P. HOSTY JR.
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Standard Form 1017
 Revised 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 F-B-I SA	3. IDENTIFICATION NO. 354-16-1823
4. HOME ADDRESS (Number, street or RFD, city or town, State and ZIP Code) 3014 W. 51st St Shawnee Mission Mo 66205		5. PURPOSE OF EXAMINATION Annual	6. DATE OF EXAMINATION 1 AUG 75
7. SEX MALE	8. RACE WHITE	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY 3 CIVILIAN 23	10. AGENCY FBI
11. ORGANIZATION UNIT KAWAS CITY		12. DATE OF BIRTH 28 AUG 1924	
13. PLACE OF BIRTH Chicago, Ill		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN JANET P. HOSTY (WIFE) same	
15. EXAMINING FACILITY, OR EXAMINER, AND ADDRESS USAF Richards Gebaur AFB Mo 64030		16. OTHER INFORMATION 354-16-1823	
17. RATING OR SPECIALTY		TIME IN THIS CAPACITY (Total)	LAST SIX MONTHS

CLINICAL EVALUATION		ABNOR- MAL
NOR- MAL	(Check each item in appropriate col- umn; enter "NE" if not evaluated.)	
X	18. HEAD, FACE, NECK, AND SCALP	
	19. NOSE	
	20. SINUSES	
	21. MOUTH AND THROAT	
X	22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	
X	23. DRUMS (Perforation)	
	24. EYES—GENERAL (Visual acuity and refraction under items 59, 60 and 62)	
	25. OPHTHALMOSCOPIC	
	26. PUPILS (Equality and reaction)	
	27. OCULAR MOTILITY (Associated parallel movements, nystagmus)	
	28. LUNGS AND CHEST (Include breasts)	
	29. HEART (Thrust, size, rhythm, sounds)	
	30. VASCULAR SYSTEM (Varicosities, etc.)	
	31. ABDOMEN AND VISCERA (Include hernia)	
	32. ANUS AND RECTUM (Hemorrhoids, fistula) (Prostate, if indicated)	
	33. ENDOCRINE SYSTEM	
	34. G-U SYSTEM	
X	35. UPPER EXTREMITIES (Strength, range of motion)	
	36. FEET	
	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
	38. SPINE, OTHER MUSCULOSKELETAL	
	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
X	40. SKIN, LYMPHATICS	
	41. NEUROLOGIC (Equilibrium tests under item 72)	
	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. TONSILS Enucleated

~~22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)~~

~~23. DRUMS (Perforation)~~

32. Digital Exam of Rectum - prostate Normal
No Hemorrhoids Noted.

34. Circumcision

39. Birthmark 1" LT shoulder

67-494012-202
 Searched _____ Indexed _____
 8 AUG 28 1975
 ENCLOSURE REC-145
 THREE PROX 28
 any
 MAR 24 1980

(Continue in item 73)

44. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)																			
Restorable teeth				Non-restorable teeth				Missing teeth				Replaced by dentures				Fixed Partial dentures			
1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0
R	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	L		
I																	E		
G	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	F		
H																	T		

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

Class I
Qualified

45. URINALYSIS: A. SPECIFIC GRAVITY 1.020		46. CHEST X-RAY (Place, date, film number and result) Normal 75-6077	
B. ALBUMIN neg	D. MICROSCOPIC neg	47. SEROLOGY (Specify test used and result) RPR-NEG	
C. SUGAR neg	48. EKG Normal	49. BLOOD TYPE AND RH FACTOR O pos	50. OTHER TESTS Hct US%

1 SEP 5 1975 37

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT 73	52. WEIGHT 209	53. COLOR HAIR Brown	54. COLOR EYES Brown	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. 102 DIAS. 78	B. RECUMBENT SYS. / DIAS. /	C. STANDING (3 min.) SYS. / DIAS. /	A. SITTING 54	B. AFTER EXERCISE	C. 2 MIN. AFTER	
59. DISTANT VISION		60. REFRACTION / By Len		61. NEAR VISION		
RIGHT 20/20 CORR. TO 20/	LEFT 20/20 CORR. TO 20/	BY +2.25 S. -0.75	CX 180	BY 20/20 CORR. TO 20	BY same	
62. HETEROPHORIA (Specify distance)		PRISM DIV.	PRISM CONV. CT 0.25 D	PC	PD	
63. ACCOMMODATION		64. COLOR VISION (Test used and result)		65. DEPTH PERCEPTION (Test used and score)		
RIGHT	LEFT	VTS-CU Passed BVA		UNCORRECTED		
66. FIELD OF VISION		67. NIGHT VISION (Test used and score)		68. RED LENS TEST		
Normal		NIBH				
70. HEARING		71. Audiometer ANST 1969				72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)
RIGHT WV /15 SV /15	LEFT WV /15 SV /15	250 200	500 518	1000 1084	2000 2048	
		3000 2896	4000 4096	6000 6144	8000 8192	
		RIGHT /15	10	40	70	
		LEFT /15	5	10	10	
				85	60	
				65	50	

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

Worn glasses 3 years NUNTS
High Frequency hearing loss AU severe NUNTS

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

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

61. Defective visual acuity on corrected
71. High frequency hearing loss AU severe

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

77. EXAMINEE (Check)

A. IS QUALIFIED FOR
B. IS NOT QUALIFIED FOR
(S) normal mild Sufy (Anxiety)

76. A. PHYSICAL PROFILE					
P	U	L	M	E	S
1	1	1	2	1	1
B. PHYSICAL CATEGORY					
A	B	C	E		
	X				

79. TYPED OR PRINTED NAME OF PHYSICIAN—EXAMINER
Douglas R. Stoneking SSgt USAF NWC

SIGNATURE
Douglas Stoneking

80. TYPED OR PRINTED NAME OF PHYSICIAN
Allen P. Grubbs MAJ USAF NWC

SIGNATURE
Allen P. Grubbs

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

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

SIGNATURE: NUMBER OF ATTACHED SHEETS