JFK Assassination System
Identification Form

Date: 5/27/201

Agency Information

AGENCY : FBI
RECORD NUMBER : 124-10132-10096

RECORD SERIES : HQ

AGENCY FILE NUMBER : 67-494012-206

Document Information

ORIGINATOR : FBI
FROM : KC
TO :

TITLE :

DATE : 09/03/1976
PAGES : 12

SUBJECTS :

JAMES P. HOSTY JR.

DOCUMENT TYPE : PAPER, TEXTUAL DOCUMENT
CLASSIFICATION : Unclassified
RESTRICTIONS : 3
CURRENT STATUS : Redact
DATE OF LAST REVIEW : 09/01/1998

OPENING CRITERIA : INDEFINITE

COMMENTS : MED RPT, INC FD-300

DATE: 11-14-2017

Standard Form 88
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	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
HOSTY JAMES P.		

4. HOME ADDRESS (Number, street or RFD, city or town, State and ZIP Code)	5. PURPOSE OF EXAMINATION	6. DATE OF EXAMINATION
3014 W 51st Ter Westwood Ks 66205	Annual	3 Sept 76

7. SEX	8. RACE	9. TOTAL YEARS GOVERNMENT SERVICE		10. AGENCY	11. ORGANIZATION UNIT
		MILITARY	CIVILIAN		
M	W				

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
28 Aug 24	Chicago Ill	Janet P. Hosty - wife

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION
VA Hospital, KC Mo.	

17. RATING OR SPECIALTY	TIME IN THIS CAPACITY (Total)	LAST SIX MONTHS

CLINICAL EVALUATION

NORMAL	(Check each item in appropriate column; enter "NE" if not evaluated.)	ABNORMAL
	18. HEAD, FACE, NECK, AND SCALP	
	19. NOSE	
	20. SINUSES	
	21. MOUTH AND THROAT	
	22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	
	23. DRUMS (Perforation)	
	24. EYES—GENERAL (Visual acuity and refraction under items 59, 60 and 67)	
	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, fistulae) (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	
	40. SKIN, LYMPHATICS	
	41. NEUROLOGIC (Equilibrium tests under item 72)	
	42. PSYCHIATRIC (Specify any personality deviation)	
	43. PELVIC (Females only) (Check how done) ☐ VAGINAL ☐ RECTAL	

NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

atrophic right testicle
no other abnormalities noted

67- 4940 12-206
REC-131
Searched Numbered
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CLOSURE

(Continue in item 73)

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

Restorable teeth: 1 2 3 / 32 31 30 (0)
Non-restorable teeth: 1 2 3 / 32 31 30 (/)
Missing teeth: 1 2 3 / 32 31 30 (X)
Replaced by dentures: (X) 1 2 3 / 32 31 30 (X)
Fixed Partial dentures: (X) 1 2 3 / 32 31 30 (X)

RIGHT	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	LEFT
	0			X	X											X	
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	
	X															X	

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

XRAYS MAR 24 1980

LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY		46. CHEST X-RAY (Place, date, film number and result)
B. ALBUMIN	D. MICROSCOPIC	
C. SUGAR		

47. SEROLOGY (Specify test used and result)	48. EKG	49. BLOOD TYPE AND RH FACTOR	50. OTHER TESTS
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MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD	56. TEMPERATURE
6' 3"	208 #	Brown	Blue	☐ SLENDER ☒ MEDIUM ☐ HEAVY ☐ OBESE	

57. BLOOD PRESSURE (*Arm at heart level*)

A. SITTING	SYS. 108 / DIAS. 74	B. RECUMBENT	SYS. 110 / DIAS. 72	C. STANDING (3 min.)	SYS. 120 / DIAS. 82

58. PULSE (*Arm at heart level*)

A. SITTING	B. AFTER EXERCISE	C. 2 MIN. AFTER	D. RECUMBENT	E. AFTER STANDING 3 MIN.
68 regular				

59. DISTANT VISION	60. REFRACTION	61. NEAR VISION
RIGHT 20/ 20 CORR. TO 20/ —	BY — S. — CX —	14/42 CORR. TO 14/14 BY
LEFT 20/ 20 CORR. TO 20/ —	BY — S. — CX —	14/42 CORR. TO 14/14 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*)	UNCORRECTED
RIGHT LEFT	A-O Color Chart Passed		CORRECTED
66. FIELD OF VISION	**67. NIGHT VISION** (*Test used and score*)	**68. RED LENS TEST**	**69. INTRAOCULAR TENSION**
Normal.			

70. HEARING	71. AUDIOMETER									72. PSYCHOLOGICAL AND PSYCHOMOTOR (*Tests used and score*)
		250 256	500 512	1000 1024	2000 2048	3000 2896	4000 4096	6000 6144	8000 8192	
RIGHT WV /15 SV /15	RIGHT									
LEFT WV /15 SV /15	LEFT									

73. NOTES (*Continued*) **AND SIGNIFICANT OR INTERVAL HISTORY**

Chronic atrophy right testicle

(*Use additional sheets if necessary*)

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

None

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (*Specify*)

None

76. A. PHYSICAL PROFILE

P	U	L	H	E	S

77. EXAMINEE (*Check*)

A. ☒ IS QUALIFIED FOR
B. ☐ IS NOT QUALIFIED FOR

B. PHYSICAL CATEGORY

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

A	B	C	E

79. TYPED OR PRINTED NAME OF PHYSICIAN	SIGNATURE
R.F. STONE, MD.	R.F. Stone MD
80. TYPED OR PRINTED NAME OF PHYSICIAN	**SIGNATURE**
81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (*Indicate which*)	**SIGNATURE**
	DDS
82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY	**SIGNATURE** / **NUMBER OF ATTACHED SHEETS**

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