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DATE: 11-14-2017

JFK Assassination System
Identification Form

Date: 5/27/201

Agency Information

AGENCY : FBI
RECORD NUMBER : 124-10132-10136
RECORD SERIES : HQ
AGENCY FILE NUMBER : 67-494012-224

Document Information

ORIGINATOR : FBI
FROM : KC
TO :
TITLE :

DATE : 10/13/1978
PAGES : 11

SUBJECTS :
JAMES P. HOSTY JR.

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COMMENTS : MED RPT, INC FD-300, MED SLIPS, CARDIOGRAM, EXAM

DATE: 11 Oct 1978

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 P. JR			2. GRADE AND COMPONENT OR POSITION F.B.I	3. IDENTIFICATION NO. 7392
4. HOME ADDRESS (Number, street or R.F.D., city or town, State and ZIP Code) 3014 W. 51st St MISSION KS. 66205			5. PURPOSE OF EXAMINATION Annual	6. DATE OF EXAMINATION 13 Oct 1978
7. SEX Male	8. RACE White	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY 3 CIVILIAN 27		10. AGENCY FBI
11. ORGANIZATION UNIT KANSAS 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			16. OTHER INFORMATION	
17. RATING OR SPECIALTY		TIME IN THIS CAPACITY (Total)		LAST SIX MONTHS

NOR-MAL	CLINICAL EVALUATION (Check each item in appropriate column; enter "NE" if not evaluated.)	ABNOR-MAL
<input checked="" type="checkbox"/>	18. HEAD, FACE, NECK, AND SCALP	<input type="checkbox"/>
<input checked="" type="checkbox"/>	19. NOSE	<input type="checkbox"/>
<input checked="" type="checkbox"/>	20. SINUSES	<input type="checkbox"/>
<input checked="" type="checkbox"/>	21. MOUTH AND THROAT	<input type="checkbox"/>
<input checked="" type="checkbox"/>	22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	<input type="checkbox"/>
<input checked="" type="checkbox"/>	23. DRUMS (Perforation)	<input type="checkbox"/>
<input checked="" type="checkbox"/>	24. EYES—GENERAL (Visual acuity and refraction under items 59, 60 and 67)	<input type="checkbox"/>
<input checked="" type="checkbox"/>	25. OPHTHALMOSCOPIC	<input type="checkbox"/>
<input checked="" type="checkbox"/>	26. PUPILS (Equality and reaction)	<input type="checkbox"/>
<input checked="" type="checkbox"/>	27. OCULAR MOTILITY (Associated parallel movements, nystagmus)	<input type="checkbox"/>
<input checked="" type="checkbox"/>	28. LUNGS AND CHEST (Include breasts)	<input type="checkbox"/>
<input checked="" type="checkbox"/>	29. HEART (Thrust, size, rhythm, sounds)	<input type="checkbox"/>
<input checked="" type="checkbox"/>	30. VASCULAR SYSTEM (Varicosities, etc.)	<input type="checkbox"/>
<input checked="" type="checkbox"/>	31. ABDOMEN AND VISCERA (Include hernia)	<input type="checkbox"/>
<input checked="" type="checkbox"/>	32. ANUS AND RECTUM (Hemorrhoids, fistula) (Prostate, if indicated)	<input type="checkbox"/>
<input checked="" type="checkbox"/>	33. ENDOCRINE SYSTEM	<input type="checkbox"/>
<input checked="" type="checkbox"/>	34. G-U SYSTEM	<input type="checkbox"/>
<input checked="" type="checkbox"/>	35. UPPER EXTREMITIES (Strength, range of motion)	<input type="checkbox"/>
<input checked="" type="checkbox"/>	36. FEET	<input type="checkbox"/>
<input checked="" type="checkbox"/>	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	<input type="checkbox"/>
<input checked="" type="checkbox"/>	38. SPINE, OTHER MUSCULOSKELETAL	<input type="checkbox"/>
<input checked="" type="checkbox"/>	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	<input type="checkbox"/>
<input checked="" type="checkbox"/>	40. SKIN, LYMPHATICS	<input type="checkbox"/>
<input checked="" type="checkbox"/>	41. NEUROLOGIC (Equilibrium tests under item 72)	<input type="checkbox"/>
<input checked="" type="checkbox"/>	42. PSYCHIATRIC (Specify any personality deviation)	<input type="checkbox"/>
<input checked="" type="checkbox"/>	43. PELVIC (Females only) (Check how done) <input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL	<input type="checkbox"/>

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

Drumms suggest aortic

REC-143

67-494012-224
 Searched..... Numbered.....
1 OCT 30 1978

7- ENCLOSURE

*Pruritus ani - Palmar creases
 atrophy of testicles
 small sweat glands
 non-nodular*

*Raised complex 1" papule both sides
 of scapular area*

(Continue in item 73)

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

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

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
		O-ABs	

3 NOV 7 1978

JP

DATE: 11-14-2017

92-40136

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT 73"	52. WEIGHT 223	53. COLOR HAIR Black	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. 112 DIAS. 76	B. RECUMBENT SYS. 104 DIAS. 67	C. STANDING (3 min.) SYS. 100 DIAS. 64	A. SITTING 64	B. AFTER EXERCISE 88	C. 2 MIN. AFTER 60
59. DISTANT VISION		60. REFRACTION		61. NEAR VISION	
RIGHT 20/ 30	CORR. TO 20/ 20	BY +2.5 S.	CX -	14/21	CORR. TO 14/14
LEFT 20/ 30	CORR. TO 20/ 20	BY +2.5 S.	CX -	14/21	CORR. TO 14/14
62. HETEROPHORIA (Specify distance)					
ES°	EX°	R. H.	L. H.	PRISM DIV. CT	PC PD
63. ACCOMMODATION		64. COLOR VISION (Test used and result)		65. DEPTH PERCEPTION (Test used and score)	
RIGHT	LEFT	AO Color Chart normal		UNCORRECTED	CORRECTED
66. FIELD OF VISION		67. NIGHT VISION (Test used and score)		68. RED LENS TEST	
69. INTRAOCULAR TENSION		70. HEARING		71. AUDIOMETER	
RIGHT WV /15 SV /15		LEFT WV /15 SV /15		250 286 500 518 1000 1024 2000 2048 3000 2896 4000 4096 6000 6144 8000 8192	
		RIGHT 5 5 0 5 15 30 - 30		LEFT 5 5 5 35 60 65 - 50	
72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)					

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

(Use additional sheets if necessary)

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

Hearing loss
and weight
extreme obesity

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

79. TYPED OR PRINTED NAME OF PHYSICIAN P. A. Kienberger MD	SIGNATURE <i>[Signature]</i>
80. TYPED OR PRINTED NAME OF PHYSICIAN Amos R. Williams, DDS	SIGNATURE <i>[Signature]</i>
81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)	SIGNATURE <i>[Signature]</i>
82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY	SIGNATURE <i>[Signature]</i>
	NUMBER OF ATTACHED SHEETS 2