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DATE: 11-14-2017

JFK Assassination System
Identification Form

Date: 5/27/201

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Document Information

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TO :

TITLE :

DATE : 02/26/1958
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SUBJECTS :

JAMES P. HOSTY JR.

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548-58

DATE: 11-14-2017

Standard Form 88
(Rev. Aug. 1960)
Prescribed by
BUREAU OF THE BUDGET
CIRCULAR A-24

REPORT OF MEDICAL EXAMINATION

1. LAST NAME-FIRST NAME-MIDDLE NAME HOSTY, James Patrick Jr			2. GRADE AND COMPONENT OR POSITION			3. IDENTIFICATION NO.		
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State) 10344 ESTACADO Drive, Dallas, Texas				5. PURPOSE OF EXAMINATION ANNUAL		6. DATE OF EXAMINATION 26 Feb 1958		
7. SEX Male	8. RACE Cau.	9. TOTAL YRS. GOVT. SERVICE MILITARY: 3 CIVILIAN: 6	10. DEPARTMENT, AGENCY, OR SERVICE Dept of Justice			11. ORGANIZATION UNIT F.B.I.		
12. DATE OF BIRTH 8-28-24		13. PLACE OF BIRTH Ill.		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN				
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS USNAS, Dallas, Texas				16. OTHER INFORMATION Rel: Catholic				

17. RATING OR SPECIALTY	TIME IN THIS CAPACITY: TOTAL		LAST SIX MONTHS	
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CLINICAL EVALUATION	
NORMAL	ABNOR- MAL
<input checked="" type="checkbox"/>	(Check each item in appropriate column; enter "N.E." if not evaluated) 18. HEAD, FACE, NECK, AND SCALP
<input checked="" type="checkbox"/>	19. NOSE
<input checked="" type="checkbox"/>	20. SINUSES
<input checked="" type="checkbox"/>	21. MOUTH AND THROAT
<input checked="" type="checkbox"/>	22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)
<input checked="" type="checkbox"/>	23. DRUMS (Perforation)
<input checked="" type="checkbox"/>	24. EYES—GENERAL (Visual acuity and refraction under items 69, 60, and 84)
<input checked="" type="checkbox"/>	25. OPHTHALMOSCOPIC
<input checked="" type="checkbox"/>	26. PUPILS (Equality and reaction)
<input checked="" type="checkbox"/>	27. OCULAR MOTILITY (Associated parallel movements, nystagmus)
<input checked="" type="checkbox"/>	28. LUNGS AND CHEST (Include breasts)
<input checked="" type="checkbox"/>	29. HEART (Thrust, size, rhythm, sounds)
<input checked="" type="checkbox"/>	30. VASCULAR SYSTEM (Varicosities, etc.)
<input checked="" type="checkbox"/>	31. ABDOMEN AND VISCERA (Include hernia)
<input checked="" type="checkbox"/>	32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate if indicated)
<input checked="" type="checkbox"/>	33. ENDOCRINE SYSTEM
<input checked="" type="checkbox"/>	34. G-U SYSTEM
<input checked="" type="checkbox"/>	35. UPPER EXTREMITIES (Strength, range of motion)
<input checked="" type="checkbox"/>	36. FEET
<input checked="" type="checkbox"/>	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)
<input checked="" type="checkbox"/>	38. SPINE, OTHER MUSCULOSKELETAL
<input checked="" type="checkbox"/>	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS
<input checked="" type="checkbox"/>	40. SKIN, LYMPHATICS
<input checked="" type="checkbox"/>	41. NEUROLOGIC (Equilibrium tests under item 78)
<input checked="" type="checkbox"/>	42. PSYCHIATRIC (Specify any personality deviation)
Females only (Check how done)	
<input type="checkbox"/>	43. PELVIC <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.)

39 M&S:
ANT: LS 1/2" forehead, LS 1/2" right thigh, PS forehead.
POST: BMK left scapular, VS right deltoid, PS neck.
34 Right Testicular atrophy, NCD.

ENCLOSURE
 MAR 11 1958
 RECORDED - 130

67-44012-6
Searched
INDEXED
MAR 11 1958

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively) O.—Restorable teeth X—Missing teeth (8 X 8)—Fixed bridge, brackets to include abutments I.—Nonrestorable teeth XXX—Replaced by dentures																REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES			
R	X			(4)	X											X	FEDERAL BUREAU OF INVESTIGATION Type F-1 J. G. Starnard Qualified		
1	2	3				6	7	8	9	10	11	12	13	14	15	16			L
X																			F
H																		T	
																		X	

45. URINALYSIS: SP. GR. 1.018 ALBUMIN: Neg. SUGAR: Neg. MICROSCOPIC: Normal			46. CHEST X-RAY (Place date, film number, result) USNAS, Dallas, Texas 2-26-58 Film # 625, Negative		47. SEROLOGY (Specify test used and result) Kahn: Negative	
48. EKG		49. BLOOD TYPE AND RH FACTOR "B"		50. OTHER TESTS		

8 MAR 17 1958

134-10211

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT 72		52. WEIGHT 208		53. COLOR HAIR Brown		54. COLOR EYES Brown		55. TEMP. 98.6							
57. BLOOD PRESSURE (Arm at heart level)					58. PULSE (Arm at heart level)										
SITTING		RECUMBENT		STANDING (3 min.)		SITTING		AFTER STANDING 3 MIN.							
SYS. 126 DIAS. 80		SYS. 126 DIAS. 80		SYS. 126 DIAS. 80		SYS. 126 DIAS. 80		SYS. 126 DIAS. 80							
59. DISTANT VISION			60. REFRACTION			61. NEAR VISION									
RIGHT 20/20 CORR. TO 20/			BY: S. CX.			CORR. TO BY:									
LEFT 20/20 CORR. TO 20/			BY: S. CX.			CORR. TO BY:									
62. HETEROPIHORIA (Specify distance) ES° EX R. H. L. H. PRISM DIV. PRISM CONV. PC PD															
63. ACCOMMODATION		64. COLOR VISION (Test used and result)				65. DEPTH PERCEPTION (Test used and score)									
RIGHT LEFT		Passed FaLant				UNCORRECTED 24/24 CORRECTED									
66. FIELD OF VISION			67. NIGHT VISION (Test used and score)			68. RED LENS		69. INTRAOCULAR TENSION							
Normal								Normal							
70. HEARING		71. AUDIOMETER						72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)							
		250		500		1000		2000		3000		4000		8000	
		296		512		1024		2048		3072		4096		8192	
RIGHT WV 15 /15 SV 15 /15															
LEFT WV 15 /15 SV 15 /15															

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

No significant history

(Use additional sheets of plain paper if necessary)

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

34 Testicular atrophy, NCD.

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

None.

76. PHYSICAL PROFILE

P	U	L	H	E	S

77. EXAMINEE (Check) IS QUALIFIED FOR Annual IS NOT

PHYSICAL CATEGORY

A	B	C	E

79. TYPED OR PRINTED NAME OF PHYSICIAN

E.R. BOWMAN JR LT MC USNR

SIGNATURE

80. TYPED OR PRINTED NAME OF PHYSICIAN

E.G. GRAVES LT MC USNR

SIGNATURE

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

J.A. BARNARD LT DC USNR

SIGNATURE

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

SIGNATURE

NUMBER OF ATTACHED SHEETS