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DATE: 11-14-2017

JFK Assassination System
Identification Form

Date: 5/27/201

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TO :
TITLE :
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JAMES P. HOSTY JR.
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Standard Form 88
June 1956
SI-103-01

REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME Hosty James P. Jr.		2. GRADE AND COMPONENT OR POSITION Special Agent	3. IDENTIFICATION NO. 7392
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State) 11018 Genetta Dr. Dallas 28, Texas		5. PURPOSE OF EXAMINATION Annual	6. DATE OF EXAMINATION 21 Feb 61
7. SEX Male	8. RACE White	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY 3 CIVILIAN 9	
10. AGENCY F. B. I.		11. ORGANIZATION UNIT Dallas, Texas Dallas Field Office	
12. DATE OF BIRTH 28 Aug 24 (36)	13. PLACE OF BIRTH Chicago, Illinois	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN Janet P. Hosty (Wife) Same as item 4.	
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS USAF HOSPITAL CARSWELL, CAFB, TEXAS		16. OTHER INFORMATION -	
17. RATING OR SPECIALTY -		TIME IN THIS CAPACITY (Total)	LAST SIX MONTHS

CLINICAL EVALUATION		ABNOR MAL
X	18. HEAD, FACE, NECK, AND SCALP	
X	19. NOSE	
X	20. SINUSES	
X	21. MOUTH AND THROAT	
X	22. EARS—GENERAL (Int. & ext. canals) (Auditory 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.)

REC-135
ENCLOSURE
34. Atrophy, right testicle.

39. 1/2" horizontal scar, left side of forehead

67-494 012-99
Searched..... Numbered.....
10 MAR 13 1961
RECORDED

THREE
cell

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.)																
O—Restorable teeth —Nonrestorable teeth X—Missing teeth XXX—Replaced by dentures (6 X 8)—Fixed bridge, brackets to include abutments																
R	X	2	3	(4	X	6)	7	8	9	10	11	12	13	14	15	X
G	X	31	30	29	28	27	26	25	24	23	22	21	20	19	18	X
H																
T																

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES.
Type 3, Class 1

45. URINALYSIS: A. SPECIFIC GRAVITY 1.026		46. CHEST X-RAY (Place, date, film number and result) CAFB, Texas 21 Feb 61 #61-3201 Negative	
B. ALBUMIN Neg	D. MICROSCOPIC -		49. BLOOD TYPE AND RH FACTOR -
C. SUGAR Neg	47. SEROLOGY (Specify test used and result) Cardiolipin Negative		
48. EKG Attached		50. OTHER TESTS -	

3 MAR 16 1961 /normal