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DATE: 11-14-2017

JFK Assassination System
Identification Form

Date: 5/27/201

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JAMES P. HOSTY JR.

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Standard Form 88
(Rev. June 1956)
88-103-01

REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME HOSTY, JAMES PATRICK 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 28 Feb 63
7. SEX Male	8. RACE White	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY 3 CIVILIAN 11		10. AGENCY FBI	11. ORGANIZATION UNIT Dallas Field, Tex
12. DATE OF BIRTH 28 Aug 24 (39)		13. PLACE OF BIRTH Chicago, Ill.		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

NOR-MAL	CLINICAL EVALUATION (Check each item in appropriate column; enter "NE" if not evaluated.)	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.)

ENCLOSURE

34. Atrophy of left testis, NS.

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

XEROX
MAR 19 1969

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.)														REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES						
O—Restorable teeth I—Nonrestorable teeth X—Missing teeth XXX—Replaced by dentures (6 X 8)—Fixed bridge, brackets to include abutments														Type 3., Class 2.						
R	X	2	3	X	X	6	7	8	9	10	11	12	13			14	15	16	X	L
H																				E
G	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	16	F		
T	X																			

LABORATORY FINDINGS				46. CHEST X-RAY (Place, date, film number and result)	
45. URINALYSIS: A. SPECIFIC GRAVITY 1.020		D. MICROSCOPIC Within normal limits.		CAFB, Tex 28 Feb 63 #63-4181 Negative	
B. ALBUMIN Neg		C. SUGAR Neg		47. SEROLOGY (Specify test used and result) Cardiolipin - Negative	
48. EKG Atchd		49. BLOOD TYPE AND RH FACTOR -		50. OTHER TESTS -	

145 APR 2 /normal

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