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JFK Assassination System
Identification Form

Date: 5/27/201

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Document Information

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TITLE :
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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. -
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State) 11018 Genetta Dr, Dallas, Texas			5. PURPOSE OF EXAMINATION Annual		6. DATE OF EXAMINATION 20 Feb 64
7. SEX Male	8. RACE White	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY 3 CIVILIAN 12		10. AGENCY FBI	11. ORGANIZATION UNIT Dallas, Tex
12. DATE OF BIRTH 28 Aug 24 (39)		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 HOSP CARSWELL, CAFB, TEXAS				16. OTHER INFORMATION -	
17. RATING OR SPECIALTY -			TIME IN THIS CAPACITY: (Total)		LAST SIX MONTHS

CLINICAL EVALUATION		
NOR-MAL	(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 hernias)	
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
	40. SKIN, LYMPHATICS	X
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-139
 67-494-012-116
 Searched _____ Indexed _____
 9 MAR 23 1964
 WALKER
 THORP

34. Right testes, not palpable.

39. 1" horizontal scar of forehead, WHNS.

40. 1" x 1/4" hemangioma; left posterior chest.

ENCLOSURE att

THORX
 MAR 15 1964

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 1.			
R	X			X	X													X	L
I																			E
G																			F
H	X	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	X	T	

45. URINALYSIS: A. SPECIFIC GRAVITY 1.027			46. CHEST X-RAY (Place, date, film number and result) CAFB, Tex 20 Feb 64 #64-3379 Negative		
B. ALBUMIN Neg		D. MICROSCOPIC Within normal limits.			
C. SUGAR Neg					
47. SEROLOGY (Specify test used and result) Cardiolipin - Negative		48. EKG Atchd Normal		49. BLOOD TYPE AND RH FACTOR -	
				50. OTHER TESTS -	

36
 1964

JMO

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT 72		52. WEIGHT 183		53. COLOR HAIR —		54. COLOR EYES —		55. BUILD: <input type="checkbox"/> SLENDER <input checked="" type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input type="checkbox"/> OBESE			56. TEMPERATURE 98.0								
57. BLOOD PRESSURE (Arm at heart level)						58. PULSE (Arm at heart level)													
A. SITTING		B. RECUMBENT		C. STANDING (3 min.)		A. SITTING		B. AFTER EXERCISE		C. 2 MIN. AFTER		D. RECUMBENT		E. AFTER STANDING 3 MIN.					
SYS. 110 DIAS. 70		—		—		64		76		72		—		—					
59. DISTANT VISION				60. REFRACTION				61. NEAR VISION											
RIGHT 20/ 20		CORR. TO 20/		BY		S.		OX		20/20		CORR. TO		BY					
LEFT 20/ 20		CORR. TO 20/		BY		S.		OX		20/20		CORR. TO		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)				69. INTRAOCULAR TENSION							
RIGHT — LEFT —				VTS-CV Passed				—				UNCORRECTED —							
												CORRECTED —							
66. FIELD OF VISION				67. NIGHT VISION (Test used and score)				68. RED LENS TEST				69. INTRAOCULAR TENSION							
Normal				—				—				Normal							
70. HEARING				71. Maico AUDIOMETER								72. PSYCHOLOGICAL AND PSYCHOMOTOR (Test used and score)							
RIGHT WV 15 /15 SV — /15				250		500		1000		2000		3000		4000		6000		8000	
				256		512		1024		2048		2896		4096		6144		8192	
LEFT WV 15 /15 SV — /15				RIGHT 5		0		0		0		—		—		—		—	
				LEFT 15		10		10		20		—		—		—		—	

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

Whooping cough in childhood; no comp, no seq.
 Laceration to forehead in early childhood; no comp, no seq.

Denies all other medical or surgical history.

(Use additional sheets if necessary)

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

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

Refer to private physician for evaluation of right testes.

76. A. PHYSICAL PROFILE					
P	U	L	H	E	S
—	—	—	—	—	—

77. EXAMINEE (Check)

A. IS QUALIFIED FOR Arduous duties.
 B. IS NOT QUALIFIED FOR

76. B. PHYSICAL CATEGORY			
A	B	C	E
—	—	—	—

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

79. TYPED OR PRINTED NAME OF PHYSICIAN

ALBERT B HENRY, CAPT, USAF, MC

SIGNATURE

[Signature]

80. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

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

SIGNATURE

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

SIGNATURE

NUMBER OF ATTACHED SHEETS