JFK Assassination System
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JAMES P. HOSTY JR.

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Standard Form 88
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	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
HOSTY, James Patrick, Jr.	Civilian S/A	354-16-1823
4. HOME ADDRESS *(Number, street or RFD, city or town, State and ZIP Code)*	**5. PURPOSE OF EXAMINATION**	**6. DATE OF EXAMINATION**
3014 W. 51st Terr. Shawnee Mission, Kansas 66205	Annaul FBI	22 May 1970

7. SEX	8. RACE	9. TOTAL YEARS GOVERNMENT SERVICE		10. AGENCY	11. ORGANIZATION UNIT
		MILITARY	CIVILIAN		
Male	Caucasian	3	18	FBI	Kansas City, Missouri

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
(45) 28 Aug 1924	Chicago, Illinois	Janet P. Hosty (wife) (same as #4)

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION
4676 USAF Hospital, R-G AFB, Mo.	-

17. RATING OR SPECIALTY	TIME IN THIS CAPACITY *(Total)*	LAST SIX MONTHS
-	-	-

CLINICAL EVALUATION

NORMAL	*(Check each item in appropriate column; enter "NE" if not evaluated.)*	ABNORMAL
X	18. HEAD, FACE, NECK, AND SCALP	
X	19. NOSE	
X	20. SINUSES	
	21. MOUTH AND THROAT	X
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)* ☐ VAGINAL ☐ RECTAL	

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

#21. Whitish confluent buccal erruption. Papular in character. Tonsils enucleated.

#34. Circumcised.

#39. Birthmark 1/2" long left scapula. 1" scar on right thigh, WHNS.

ENCLOSURE

(Continue in item 73)

44. DENTAL *(Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)*

Restorable teeth (0) · Non-restorable teeth (/) · Missing teeth (x) · Replaced by dentures (x) · Fixed Partial dentures ((x))

RIGHT	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	LEFT
	X	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
	X				O											X	

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

Exam Type 3
Class 2

LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY	1.012	46. CHEST X-RAY *(Place, date, film number and result)*	
B. ALBUMIN	Negative	D. MICROSCOPIC	14 X 17 Film No. 70-4536 Richards-Gebaur AFB, Mo.
C. SUGAR	Negative	Negative	22 May 1970 Normal

47. SEROLOGY *(Specify test used and result)*	48. EKG	49. BLOOD TYPE AND RH FACTOR	50. OTHER TESTS
RPR - Negative	Normal	"O" Positive (by record)	HCT: 46 Vols%

88-117-01

DATE: 11-14-2017

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD	56. TEMPERATURE
73	190	Brown	Brown	☐ SLENDER ☒ MEDIUM ☐ HEAVY ☐ OBESE	–

57. BLOOD PRESSURE *(Arm at heart level)*

	SYS.	DIAS.
A. SITTING	110	84
B. RECUMBENT	–	–
C. STANDING (3 min.)	–	–

58. PULSE *(Arm at heart level)*

A. SITTING	B. AFTER EXERCISE	C. 2 MIN. AFTER	D. RECUMBENT	E. AFTER STANDING 3 MIN.
66	90	66	–	–

59. DISTANT VISION		60. REFRACTION			61. NEAR VISION		
RIGHT 20/ 20	CORR. TO 20/ –	BY –	S. –	CX –	20/20	CORR. TO –	BY –
LEFT 20/ 20	CORR. TO 20/ –	BY –	S. –	CX –	20/20	CORR. TO –	BY –

62. HETEROPHORIA *(Specify distance)*

ES°	EX°	R. H.	L. H.	PRISM DIV.	~~PRISM CONV.~~ CT ORTHO	PC	PD
–	–	–	–	–		–	–

63. ACCOMMODATION		64. COLOR VISION *(Test used and result)*	65. DEPTH PERCEPTION *(Test used and score)*	UNCORRECTED –
RIGHT –	LEFT –	Passes VTS-CV	–	CORRECTED –

66. FIELD OF VISION	67. NIGHT VISION *(Test used and score)*	68. RED LENS TEST	69. INTRAOCULAR TENSION
Normal	NIBH	–	OU. 17.3

70. HEARING

RIGHT WV – /15 SV – /15

LEFT WV – /15 SV – /15

71. BELTONE AUDIOMETER ISO

	250 256	500 512	1000 1024	2000 2048	3000 2896	4000 4096	6000 6144	8000 8192
RIGHT	–	0	0	0	0	30	20	–
LEFT	–	0	0	30	55	50	60	–

72. PSYCHOLOGICAL AND PSYCHOMOTOR *(Tests used and score)*

–

73. NOTES *(Continued)* **AND SIGNIFICANT OR INTERVAL HISTORY**

Tonsillectomy in childhood, no comp, no seq.
Circumcised in infancy, no comp, no seq.
Scar on right thigh, cut on barbed wire at age 8, no comp, no seq.
Mother had cancer, no signs or symptoms in examinee.
Father has rheumatism, no signs or symptoms in examinee.
Sister has asthma, no signs or symptoms in examinee.

Examinee denies all other significant medical/surgical history.

(Use additional sheets if necessary)

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

Dental evaluation - buccal erruption.

75. RECOMMENDATIONS – FURTHER SPECIALIST EXAMINATIONS INDICATED *(Specify)*

–

76. A. PHYSICAL PROFILE

P	U	L	H	E	S
1	1	1	1	1	1

77. EXAMINEE *(Check)*

A. ☒ IS QUALIFIED FOR
B. ☐ IS NOT QUALIFIED FOR

B. PHYSICAL CATEGORY

A	B	C	E
X	–	–	–

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

–

79. TYPED OR PRINTED NAME OF PHYSICIAN

BYRON R. JOHNSON, Capt, USAF MC

SIGNATURE Byron R. Johnson

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

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