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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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SUBJECTS :

JAMES P. HOSTY JR.

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 Standard Form 86  
 Revised April 1968  
 General Services Administration  
 Interagency Comm: on Medical Records  
 EPMR 101-11.809-3

**REPORT OF MEDICAL EXAMINATION**

|   |                             |   |  |  |   |                 |
|---|-----------------------------|---|--|--|---|-----------------|
| 1. LAST NAME—FIRST NAME—MIDDLE NAME<br><b>HOSTY, JAMES PATRICK JR</b>   |                             |   | 2. GRADE AND COMPONENT OR POSITION<br><b>Civilian SA</b> |  | 3. IDENTIFICATION NO.<br><b>354 16 1823</b> |                 |
| 4. HOME ADDRESS (Number, street or RFD, city or town, State and ZIP Code)<br><b>3014 W. 51st Terr<br/>Shawnee Mission, Kansas 66205</b> |                             |   | 5. PURPOSE OF EXAMINATION<br><b>Annual</b>               |  | 6. DATE OF EXAMINATION<br><b>23 Jun 72</b>  |                 |
| 7. SEX<br><b>Male</b>   | 8. RACE<br><b>Caucasian</b> | 9. TOTAL YEARS GOVERNMENT SERVICE<br>MILITARY <b>3</b> CIVILIAN <b>20</b> |  | 10. AGENCY<br><b>FBI</b>   | 11. ORGANIZATION UNIT<br><b>Kansas City</b> |                 |
| 12. DATE OF BIRTH<br><b>(47)<br/>28 Aug 24</b>  |                             | 13. PLACE OF BIRTH<br><b>Chicago, Illinois</b>                            |  | 14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN<br><b>Janet P. Hosty (Wife)<br/>Same as Item #4</b> |   |                 |
| 15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS<br><b>USAF Hospital (AFCS) Richards-Gebaur AFB, Mo.</b>                                 |                             |   |  | 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   |           |
|                     | 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)                                    |           |
|                     | <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.)

21. Tonsils enucleated.

34. Circumcision, WHNS.

39. Birthmark 1" left scapular area, NS. Scar 2" left temple, WHNS.

Bulet to SAC  
Re: ear protection  
SMS  
7-24-72

67-494012-185  
Searched \_\_\_\_\_ Numbered \_\_\_\_\_  
5 JUL 19 1972 39

ENCLOSURE

REC-134

THREE  
SMS

XEROX  
MAR 19 1960

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

|          |                         |                         |            |          |         |          |          |          |          |          |   |
|----------|-------------------------|-------------------------|------------|----------|---------|----------|----------|----------|----------|----------|---|
| 0        |                         | /                       |            | x        |         | x x x    |          | (x)      |          | Fixed    |   |
| 1 2 3    | Restorable              | 1 2 3                   | Non-       | 1 2 3    | Missing | 1 2 3    | Replaced | 1 2 3    | Partial  | dentures |   |
| 32 31 30 | teeth X                 | 32 31 30                | restorable | 32 31 30 | teeth   | 32 31 30 | by       | 32 31 30 | dentures |          |   |
|          |                         |                         | teeth      |          |         |          | dentures |          |          |          |   |
|          |                         |                         |            |          |         |          |          |          |          |          |   |
| R        | 1 2 3 4 5 6 7 8         | 9 10 11 12 13 14 15 16  |            |          |         |          |          |          |          |          | L |
| I        | 32 31 30 29 28 27 26 25 | 24 23 22 21 20 19 18 17 |            |          |         |          |          |          |          |          | F |
| T        | X                       |                         |            |          |         |          |          |          |          |          | X |

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

Exam type 3  
Class 1

|  |                                |  |                                   |
|--|--------------------------------|--|-----------------------------------|
| 45. URINALYSIS: A. SPECIFIC GRAVITY <b>1.021</b>                     |                                | 46. CHEST X-RAY (Place, date, film number and result)<br><b>14 x 17 Film 72 6981 Normal<br/>Richards-Gebaur AFB, Mo. 23 Jun 72</b> |                                   |
| B. ALBUMIN <b>Negative</b>   | D. MICROSCOPIC <b>Negative</b> |  |                                   |
| C. SUGAR <b>Negative</b>   |                                |  |                                   |
| 47. SEROLOGY (Specify test used and result)<br><b>RPR - Negative</b> | 48. EKG <b>Normal</b>          | 49. BLOOD TYPE AND RH FACTOR<br><b>"O" Pos B/R</b>   | 50. OTHER TESTS<br><b>Hct 47%</b> |

49 I AUG 1 1972