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DATE: 11-14-2017

JFK Assassination System
Identification Form

Date: 5/27/201

Agency Information

AGENCY : FBI
RECORD NUMBER : 124-10134-10486

RECORD SERIES : HQ

AGENCY FILE NUMBER : 67-494012-202

Document Information

ORIGINATOR : FBI
FROM : KC
TO :

TITLE :

DATE : 08/01/1975
PAGES : 4

SUBJECTS :
JAMES P. HOSTY JR.

DOCUMENT TYPE : PAPER, TEXTUAL DOCUMENT
CLASSIFICATION : Unclassified
RESTRICTIONS : 3
CURRENT STATUS : Redact
DATE OF LAST REVIEW : 08/31/1998

OPENING CRITERIA : INDEFINITE

COMMENTS : MED RPT, INC FD-300

Standard Form 1489-2017
 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 HOSTY JAMES PATRICK JR		2. GRADE AND COMPONENT OR POSITION F-B-I SA		3. IDENTIFICATION NO. 354-16-1823 354-16-1823	
4. HOME ADDRESS (Number, street or RFD, city or town, State and ZIP Code) 3014 W. 51ST TR Shawnee Mission Mo 66205			5. PURPOSE OF EXAMINATION Annual		6. DATE OF EXAMINATION 1 AUG 75
7. SEX MALE	8. RACE WHITE	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY 3 CIVILIAN 23		10. AGENCY FBI	11. ORGANIZATION UNIT KANAS CITY
12. DATE OF BIRTH 28 AUG 1924		13. PLACE OF BIRTH Chicago, Ill		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN JANET P. HOSTY (WIFE) same	
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS USAF Richards Gebaur AFB Mo 64030				16. OTHER INFORMATION 354-16-1823	
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	
	19. NOSE	
	20. SINUSES	
	21. MOUTH AND THROAT	
X	22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	
X	23. DRUMS (Perforation)	
	24. EYES—GENERAL (Visual acuity and refraction under items 59, 60 and 67)	
	25. OPHTHALMOSCOPIC	
	26. PUPILS (Equality and reaction)	
	27. OCULAR MOTILITY (Associated parallel movements, nystagmus)	
	28. LUNGS AND CHEST (Include breasts)	
	29. HEART (Thrust, size, rhythm, sounds)	
	30. VASCULAR SYSTEM (Varicosities, etc.)	
	31. ABDOMEN AND VISCERA (Include hernia)	
	32. ANUS AND RECTUM (Hemorrhoids, fistula) (Prostate, if indicated)	
	33. ENDOCRINE SYSTEM	
	34. G-U SYSTEM	
X	35. UPPER EXTREMITIES (Strength, range of motion)	
	36. FEET	
	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
	38. SPINE, OTHER MUSCULOSKELETAL	
	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
X	40. SKIN, LYMPHATICS	
	41. NEUROLOGIC (Equilibrium tests under item 72)	
	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

~~22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)~~

~~23. DRUMS (Perforation)~~

32. Digital Exam of Rectum - prostate Normal
No Hemorrhoids Noted.

34. Circumcision

39. Birthmark 1" LT shoulder area

67-494812-202
 Searched _____ Indexed _____
 8 AUG 28 1975
 THREK 28 1975
 MAR 24 1976

(Continue in item 73)

44. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)																REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES					
0 1 2 3 Restorable teeth 32 31 30				1 2 3 Non-restorable teeth 32 31 30				1 2 3 Missing teeth 32 31 30				X X X Replaced by dentures 32 31 30				(X) Fixed Partial dentures 32 31 30					
R	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	L	Class I Qualified			
I	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	E				
H	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	F				

45. URINALYSIS: A. SPECIFIC GRAVITY 1.020				46. CHEST X-RAY (Place, date, film number and result)			
B. ALBUMIN neg		D. MICROSCOPIC neg		Normal 75-6077			
C. SUGAR neg							
47. SEROLOGY (Specify test used and result)				48. EKG Normal		49. BLOOD TYPE AND RH FACTOR B/R	
RPR-NEG						Hct 45%	

1 SEP 5 1975 37

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT 73	52. WEIGHT 209	53. COLOR HAIR Brown	54. COLOR EYES Brown	55. BUILD: <input type="checkbox"/> SLENDER <input type="checkbox"/> MEDIUM <input checked="" type="checkbox"/> HEAVY <input type="checkbox"/> OBESE	56. TEMPERATURE	
57. BLOOD PRESSURE (Arm at heart level)			58. PULSE (Arm at heart level)			
A. SITTING SYS. 102 DIAS. 78	B. RECUMBENT SYS. / DIAS. /	C. STANDING (3 min.) SYS. / DIAS. /	A. SITTING 54	B. AFTER EXERCISE	C. 2 MIN. AFTER	
59. DISTANT VISION		60. REFRACTION / By ker		61. NEAR VISION		
RIGHT 20/20	CORR. TO 20/	BY +2.25 S. -0.75	CX 180	1/200	CORR. TO 20	
LEFT 20/20	CORR. TO 20/	BY +2.25 S. -0.75	CX 165	2/200	CORR. TO 20	
62. METEOPHORIA (Specify distance)						
ES°	EX°	R. H.	L. H.	PRISM DIV.	PRISM CONV. CT	
63. ACCOMMODATION		64. COLOR VISION (Test used and result)		65. DEPTH PERCEPTION (Test used and score)		
RIGHT	LEFT	VTS-CU Passed BVA		UNCORRECTED		
66. FIELD OF VISION		67. NIGHT VISION (Test used and score)		68. RED LENS TEST		
Normal		NIBH				
70. HEARING		71. Audiometer				72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)
RIGHT WV	/15 SV	250	500	1000	2000	
LEFT WV	/15 SV	250	500	1000	2000	
		3000	4000	5000	6000	
		8000	8144	8198		
		RIGHT	15	10	40	
		LEFT	15	5	10	

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY
 Worn glasses 3 years NUN5
 High Frequency hearing loss AU severe NUN5
 4.2%

EXAMINEE DENIES FAMILY HX OF DIABETES/PSYCHOSIS USE OF CONTACT LENSES/DRUGS. HX OF MOTION SICKNESS/DISTURBANCES OF CONSCIOUSNESS. ALL OTHER SIGNIFICANT MEDICAL/SURGICAL HX.

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)
 61. Defective visual acuity on corrected
 71. High frequency hearing loss AU severe

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)	76. A. PHYSICAL PROFILE												
	<table border="1"> <tr> <td>P</td> <td>U</td> <td>L</td> <td>H</td> <td>E</td> <td>S</td> </tr> <tr> <td>1</td> <td>1</td> <td>1</td> <td>2</td> <td>1</td> <td>1</td> </tr> </table>	P	U	L	H	E	S	1	1	1	2	1	1
P	U	L	H	E	S								
1	1	1	2	1	1								
77. EXAMINEE (Check) A. <input checked="" type="checkbox"/> IS QUALIFIED FOR B. <input type="checkbox"/> IS NOT QUALIFIED FOR	B. PHYSICAL CATEGORY												
(S) normal, mild Sufy (Anxiety)													
78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER													
79. TYPED OR PRINTED NAME OF PHYSICIAN—EXAMINER Douglas R. Stoneking, SSgt USAF MC	SIGNATURE Douglas Stoneking												
80. TYPED OR PRINTED NAME OF PHYSICIAN Allen P. Grubbs, MAJ USAF MC	SIGNATURE Allen P. Grubbs												
81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)	SIGNATURE												
82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY	SIGNATURE												