

DATE: 11-14-2017

JFK Assassination System  
Identification Form

Date: 5/27/201

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Agency Information

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Document Information

ORIGINATOR : FBI  
FROM : KC  
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TITLE :

DATE : 10/13/1978  
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SUBJECTS :

JAMES P. HOSTY JR.

DOCUMENT TYPE : PAPER, TEXTUAL DOCUMENT  
CLASSIFICATION : Unclassified  
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OPENING CRITERIA : INDEFINITE

COMMENTS : MED RPT, INC FD-300, MED SLIPS, CARDIOGRAM, EXAM

DATE: 11 Oct 1978  
 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 <b>HOSTY, JAMES P. JR</b>			2. GRADE AND COMPONENT OR POSITION <b>F.B.I</b>	3. IDENTIFICATION NO. <b>7392</b>
4. HOME ADDRESS (Number, street or R.F.D., city or town, State and ZIP Code) <b>3014 W. 51st St MISSION KS. 66205</b>			5. PURPOSE OF EXAMINATION <b>Annual</b>	6. DATE OF EXAMINATION <b>13 Oct 1978</b>
7. SEX <b>Male</b>	8. RACE <b>White</b>	9. TOTAL YEARS GOVERNMENT SERVICE <b>MILITARY 3 CIVILIAN 27</b>		10. AGENCY <b>FBI</b>
11. ORGANIZATION UNIT <b>KANSAS CITY</b>		12. DATE OF BIRTH <b>28 Aug 1924</b>		
13. PLACE OF BIRTH <b>Chicago, Ill</b>		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN <b>JANET P. HOSTY (WIFE) Same</b>		
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS			16. OTHER INFORMATION	
17. RATING OR SPECIALTY		TIME IN THIS CAPACITY (Total)		LAST SIX MONTHS

CLINICAL EVALUATION		ABNOR. MAL.
✓	18. HEAD, FACE, NECK, AND SCALP	
✓	19. NOSE	
✓	20. SINUSES	
✓	21. MOUTH AND THROAT	
✓	22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	
✓	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	
✓	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	
✓	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.)

*Drumms suggest acute*

**REC-143**

**7- ENCLOSURE**

*Puritus ani - Palmar creases  
atrophy of testicles  
marked small sweat  
non-nodular*

*Raised complex 1" papule both sides  
of scapular area*

67-494012-224  
 Searched..... Numbered.....  
**1 OCT 30 1978**

**XEROX 1980**

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

Restorable teeth			Non-restorable teeth			Missing teeth			Replaced by dentures			Fixed Partial dentures		
1	2	3	1	2	3	1	2	3	1	2	3	1	2	3
X	2	X	X	X	X									
32	31	30	32	31	30	32	31	30	32	31	30	32	31	30
R														
I														
G														
H														
T														

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

45. URINALYSIS: A. SPECIFIC GRAVITY		46. CHEST X-RAY (Place, date, film number and result)		
B. ALBUMIN	D. MICROSCOPIC			
C. SUGAR				
47. SEROLOGY (Specify test used and result)	48. EKG	49. BLOOD TYPE AND RH FACTOR	50. OTHER TESTS	

**3 NOV 7 1978**

**O-Pbs**

DATE: 11-14-2017

52-40136

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT 73"		52. WEIGHT 222		53. COLOR HAIR Black		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		B. RECUMBENT		C. STANDING (3 min.)		A. SITTING		B. AFTER EXERCISE		C. 2 MIN. AFTER		D. RECUMBENT		E. AFTER STANDING 3 MIN.							
SYS 112 DIAS 70		SYS 104 DIAS 67		SYS 100 DIAS 67		64		88				60		80							
59. DISTANT VISION				60. REFRACTION				61. NEAR VISION													
RIGHT 20/ 30		CORR. TO 20/ 20		BY +2.5 S.		CX		14/21		CORR. TO 14/14		BY +1.25									
LEFT 20/ 30		CORR. TO 20/ 20		BY +2.5 S.		CX		14/21		CORR. TO 14/14		BY +1.25									
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)				UNCORRECTED									
RIGHT				LEFT				60 Color Chart normal				CORRECTED									
66. FIELD OF VISION				67. NIGHT VISION (Test used and score)				68. RED LENS TEST				69. INTRAOCULAR TENSION									
70. HEARING				71. AUDIOMETER								72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)									
RIGHT WV		/15 SV		/15		250 286		500 512		1000 1024		2000 2048		3000 2896		4000 4096		6000 6144		8000 8192	
LEFT WV		/15 SV		/15		RIGHT		5 5		0 5		15 30		-		30					
						LEFT		5 5		5 35		60 65		-		50					

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

(Use additional sheets if necessary)

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

*Hearing loss  
and weight  
extreme obesity*

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

76. A. PHYSICAL PROFILE

P	U	L	H	E	S

77. EXAMINEE (Check)

A.  IS QUALIFIED FOR  
B.  IS NOT QUALIFIED FOR

B. PHYSICAL CATEGORY

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

A	B	C	E

79. TYPED OR PRINTED NAME OF PHYSICIAN

*P. A. Kienberger MD*

SIGNATURE

*[Signature]*

80. TYPED OR PRINTED NAME OF PHYSICIAN

*Amos R. Williams, DDS*

SIGNATURE

*Amos R. Williams DDS*

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 AT-TACHED SHEETS