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U.S. Department of Transportation  
Federal Motor Carrier  
Safety Administration

**Medical Examiner's Certificate**  
(for Commercial Driver Medical Certification)

I certify that I have examined **Last Name:** Rodriguez Mercado **First Name:** Walter in accordance with (please check only one):

- ☒ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) **OR**  
☐ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply):

- ☐ Wearing corrective lenses    ☐ Accompanied by a \_\_\_\_\_ waiver/exemption    ☐ Driving within an exempt intracity zone (49 CFR 391.62)  
☐ Wearing hearing aid    ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate    ☐ (Federal) Grandfathered from State requirements (State)

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments, embodies my findings completely and correctly, and is on file in my office.

**Medical Examiner's Certificate Expiration Date**08/30/2026**Medical Examiner's Signature****Medical Examiner's Telephone Number**(713) 643-6737**Date Certificate Signed**08/30/2024**Medical Examiner's Name (please print or type)**Marcia Garcia-Mouhon, D.C.☐ MD    ☐ Physician Assistant    ☐ Advanced Practice Nurse☐ D.O.    ☒ Chiropractor    ☐ Other Practitioner (specify) \_\_\_\_\_**Medical Examiner's State License, Certificate, or Registration Number**14944**Issuing State**TX**National Registry Number**7000250565**Driver's Signature****Driver's License Number**R362-910-71-205-0**Issuing State/Province**FL**Driver's Address**Street Address: 165 Carriage Hills Blvd Apt 1011City: ConroeState/Province: TXZip Code: 77384**CLP/CDL Applicant/Holder**☒ Yes    ☐ No

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## Search Medical Examiners

City, State or Zipcode 10 Miles

National Registry Number Business Name  
7000250565

First Name Last Name

Basic Search Search

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Dr. Marcia Garcia-Mouhon, D.C. (Doctor Of Chiropractic)

Garcia Clinic LLC  
4040 Broadway St. Suite A Houston, TX 77087  
(713) 643-6737 N/A Directions

