

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

I certify that I have examined Last Name: Cue Seda First Name: Ronald 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  
☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate  
☐ Driving within an exempt intracity zone (49 CFR 391.62) (Federal)  
☐ Qualified by operation of 49 CFR 391.64 (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

7-22-23

Medical Examiner's Signature

Medical Examiner's Name (please print or type)

Dr. Paul Ligertwood

Medical Examiner's State License, Certificate, or Registration Number

CH 7653

Medical Examiner's Telephone Number

727-819-2273

Date Certificate Signed

7-22-21

- ☐ MD ☐ Physician Assistant ☐ Advanced Practice Nurse  
☐ DO ☒ Chiropractor ☐ Other Practitioner (specify) \_\_\_\_\_

Issuing State

FL

National Registry Number

3233448513

Driver's Signature

Driver's Address

Street Address: 1930 Hacienda Way

City: Hialeah

State/Province: FL

Zip Code: 33460

Driver's License Number

0232-730-77-258-0

Issuing State/Province

Florida

CLP/CDL Applicant/Holder

☒ Yes ☐ No

\*\*This document contains sensitive information and is for official use only. Improper handling of this information could negatively affect individuals. Handle and secure this information appropriately to prevent inadvertent disclosure by keeping the documents under the control of authorized persons. Properly dispose of this document when no longer required to be maintained by regulatory requirements.\*\*

United States Department of Transportation

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Dr. Paul Ligertwood

(Doctor Of Chiropractic)

Email

Website

Practice Business Name

Ligertwood Chiropractic Clinic, Inc.

Address

10129 Little Road New Port Richey, FL 34654-34240

Hours of Operation

m-f 9 - 5:30 lunch 12:30 - 2

National Registry Number

3233448513

Certification Date

06/06/2013

Distance

N/A

Business Phone

(727) 819-2273

Business Fax Number

7278639313

Business Email

vligertwood@yahoo.com

+

Little Rd

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Google

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U.S. DEPARTMENT OF TRANSPORTATION

Federal Motor Carrier Safety Administration

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WASHINGTON, DC 20590

855-368-4200

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