

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

I certify that I have examined **Last Name:** Soberat

**First Name:** Heriberto

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.

☐ Wearing corrective lenses  
☐ Wearing hearing aid

☐ Accompanied by a

waiver/exemption

☐ 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**

11/30/2025

**Medical Examiner's Signature**

Cayla M

**Medical Examiner's Name (please print or type)**

Cayla Hummens

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

PA 9116588

**Medical Examiner's Telephone Number**

813 925 1903

**Date Certificate Signed**

11/30/2023

☐ MD

☒ Physician Assistant

☐ Advanced Practice Nurse

☐ DO

☐ Chiropractor

☐ Other Practitioner (specify)

**Issuing State**

FL

**National Registry Number**

870 447 1214

**Driver's Signature**

Soberat

**Driver's License Number**

0000 45235879

**Issuing State/Province**

North Carolina

**Driver's Address**

**Street Address:** 143 Devon Forest Dr.

**City:** Mooresville

**State/Province:** NC

**Zip Code:** 28115

**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.\*\*



 **Cayla Rummens**  
(Physician Assistant)



Email



Website

**Practice Business Name**

TGH Urgent Care powered by Fast Track

**Address**

303 W Palm Ave Tampa, FL 33602

**Hours of Operation**

-

**National Registry Number**

8704471214

**Certification Date**

05/05/2023

**Distance**

N/A

**Business Phone**

(813) 925-1903

**Business Fax Number**

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**Business Email**

caylarummens@yahoo.com



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